DOCUMENT RESUME

ED 306 349 UD 026 766

AUTHOR France, Joseph B.
TITLE Recognizing the Needs of the Homeless.
INSTITUTION American National Red Cross, Washington, D.C.
PUB DATE May 86
NOTE 56p.; For related documents, see UD 026 764-765.
PUB TYPE Information Analyses (070) -- Reports - Descriptive (141) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Community Problems; *Community Services; *Economically Disadvantaged; *Homeless People; Housing Needs; *Human Services; Poverty; Program Descriptions; Social Science Research; Social Services; *Socioeconomic Influences; Urban Problems
IDENTIFIERS Private Sector Initiative Programs; *Red Cross; *Shelters

ABSTRACT

This paper summarizes reports and research on the homeless in the United States, presents findings of a survey of Red Cross chapters on services to the homeless, and describes programs for the homeless of selected Red Cross chapters. Section 1 discusses definitions of homelessness and methodologies used to count homeless people. The homeless are grouped into the following three major categories: (1) the chronically disabled; (2) people in crises; and (3) the economically impacted. The following five major reasons for homelessness are cited: (1) deinstitutionalization of the mentally disabled; (2) shortage of low-income housing; (3) reduction in disability benefits; (4) low levels of assistance; and (5) domestic violence. Programmatic assistance for the homeless from the public and private sectors is summarized. This section ends with a select bibliography and three charts. Section 2 reproduces the Chapter Services to the Homeless Survey and presents summary and detailed findings in eight tables and a graph. Section 3 consists of program profiles of Red Cross chapter activities for the homeless in the following localities: (1) Greater New York; (2) Dallas County (Texas); (3) Dayton Area (Ohio); (4) Greater Milwaukee (Wisconsin); (5) Indianapolis Area (Indiana); (6) Los Angeles County (California); and (7) Pikes Peak (Colorado). The profiles include project descriptions, addresses, and contact persons. (AF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

5-2-89

ED306349

Recognizing the Needs of the Homeless

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Joseph B France

American Red Cross

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

American Red Cross

UD026766

BEST COPY AVAILABLE

This paper offers an overview of the current reports and research on the homeless in America. It is intended to serve as a basis for ongoing discussion and further exploration in addressing this growing national problem.

Prepared by:
Joseph B. France
Associate, Emergency and Community Services
American Red Cross national headquarters

Contents

Homelessness in America

Introduction 1
How Many People Are Homeless? 1
Who Are the Homeless? 2
Why Are People Homeless? 3
What Is Being Done for the Homeless? 4
Selected Bibliography 4
Charts:
- Number of Homeless 7
- Characteristics 9
- Reasons for Homelessness 11

(Charts form *Homeless Briefing: Background, Analysis, and Options.* U.S. Dept. of Health and Human Services. No date.)

Chapter Response to the Services-to-the-Homeless Survey

Introduction 13
Summary of Chapter Activities Regarding the Homeless 13
Overview of Survey Findings 13
Detailed Survey Findings 13
Chapter Services to the Homeless Survey 21

Recognizing the Needs of the Homeless

Red Cross Chapter Homeless-Program Profiles 27
- The American Red Cross in Greater New York 27
- Dallas County Chapter 31
- Dayton Area Chapter 33
- Greater Milwaukee Chapter 39
- Indianapolis Area Chapter 41
- Los Angeles County Chapter 43
- Pikes Peak Chapter 45

Homelessness in America

Introduction

The homeless, as individuals far outside the mainstream of society, have been increasing significantly in number since the early 1970s. They are, in many respects, a disenfranchised group, having few spokespersons or advocates for their problems, and essentially lacking political representation, since voter registration requires some kind of fixed address. The magnitude of the problem is noted in a report to the National Association of Governors. The report states, "Not since the Great Depression have so many people faced survival at the margins of society."[1]

The "bag ladies," "grate men," and "street beggars" are perhaps the most visible, but they are only one group of the homeless. There are many others who, though less obvious, are equally impacted by being homeless and who, for a variety of reasons, may be even less likely to survive the rigors of such an existence.

The growing problem of involuntary homelessness requires special attention. Indeed, this problem has reached sufficient proportions to foster an area of specialization within the human services field.[2] There is mounting concern among leaders and planners at all levels that homelessness, for at least some individuals, is becoming a permanent state. The Red Cross clearly cannot solve this problem singlehandedly, but it is in an excellent position to provide positive leadership in realistically addressing this need.

How Many People Are Homeless?

Assessing the number of people who are homeless depends on the **definition** of homelessness, the **methodology** used to count these people, and **when** they are counted.

The dictionary simply describes them as "lacking a home."

Researchers define the homeless as "anyone without an address which assures them of at least the following thirty days sleeping quarters which meet minimal health and safety standards."[3]

The National Governor's Association defines them as "persons or families who, on [any given] day or night, have neither friends, family, nor sufficient funds which will provide for certain elementary resources they need to survive."[4]

The U.S. Department of Health and Human Services definition of the homeless is: "Those who lack shelter and the financial resources necessary to acquire it, and who revert to seeking food and shelter from public or private facilities."[5]

Varying definitions of homelessness lead to differing appraisals of the scope of the problem. Reliable data collection is nonexistent because methodology varies widely. Nor is there any one government agency that collects data on the homeless. Many organizations providing services to the homeless do not count individuals differently from families, nor do they count the different types of problem individuals—alcoholics, the elderly, and so on.

Even the most comprehensive attempt to study the homeless, prepared by the U.S. Department of Housing and Urban Development (HUD), Office of Policy Development and Research, has come under attack for its methodology. In its report, entitled "A Report to the Secretary on the Homeless and Emergency Shelters," HUD calculates the number of homeless based upon an estimate within a city or metropolitan area. However, what constitutes a metropolitan area is not defined. Without a clear definition of metropolitan area, many homeless people could be excluded. An undercount of the metropolitan population results in a lower projection of the total homeless population.

In all reports that consider the size of the problem, there are major discrepancies between local and national and between private and government studies generally resulting from different definitions and measurement systems. The HUD report, for example, distinguishes between the chronically homeless and the occasionally homeless. Yet, what percentage of people in emergency shelters are "chronically homeless' is not clear. However, it does appear that a significant number of persons need emergency services only at certain times, moving in cycles from boarding residences—when they have work—to the homes of relatives or friends, to the streets, to emergency shelters, to other temporary living arrangements, and back to emergency shelters.

The HUD report estimates the number of homeless to be from 192,000 to 586,000 persons, with the most commonly used figure being 250,000 to 350,000. In contrast, private organizations and the U.S. Conference of Mayors claim that there are more than three million homeless in America. All current

---

[1] *1933/1983—Never Again*. A report to the National Governor's Association Task Force on the Homeless. July 1983.

[2] For example, schools of social work are offering courses on the homeless.

[3] A report to the National Governor's Association Task Force on the Homeless. July 1983.

[4] Ibid.

[5] *Homeless Briefing, Background, Analysis, and Options*, p. 1., U.S. Department of Health and Human Services. (No date.)

national numbers are based on estimates, not on actual counts.

The HUD report further estimates that nationwide, "111,000 people can be housed on any given night in emergency shelters."[6] If we take a HUD figure of 350,000 homeless and compare it to 111,000 beds, then on any given night there is the possibility that 241,000 people do not receive shelter. If the three million figure is correct, 110,000 beds do not begin to address the problem. In other words, no matter which estimate of the number of homeless is accepted, it is indicative of a serious problem.

There is general agreement that the homeless are more prevalent in large cities. But, the homeless population in some cities varies because of local economic conditions, location, and season. Some Western cities have a significant group of homeless who have migrated west seeking work.[7]

From the variety of estimates, we must conclude that no definitive demographic data on the homeless population will be available until standardized surveys provide reliable seasonal and annual estimates.

Who Are the Homeless?

The traditional characterization of a homeless person is of a single, middle-aged, white, alcoholic male. While that may have been true some years ago, today the homeless are a much more heterogeneous group comprising single women and battered wives as well as men; people of all age groups (including runaway youths); blacks, hispanics, and whites; those with alcohol-, drug-abuse, and mental-health-related problems; families as well as single persons; those who have never been employed (or who have been unemployed for a very long period of time), and those who are recently unemployed.[8]

In every respect, the homeless are a very diverse population. These diverse factors are generally represented in most major metropolitan areas of more than one million people. The homeless population does not vary significantly in composition in different parts of the country, except in the Southwest where large numbers of American Natives and Hispanics are found. The U.S. Department of Health and Human Services describes the homeless population as having the following characteristics:[9]

- The homeless are in their mid-thirties, much younger than in the past when the average was the mid-fifties.
- Between 15 and 25 percent are women, a percentage that seems to be increasing.
- Between 40 and 50 percent are minorities, although racial and ethnic composition tends to reflect that of local areas.
- Family groups comprise 20 to 30 percent.
- Between 50 and 60 percent remain in a single city for one or more years, although transiency is more significant in warmer climates.
- One-half to two-thirds have completed high school, and between 25 to 30 percent have attended college.

All of these diverse types of individuals can be grouped into three major categories:

1. People with chronic disabilities—mental, physical, or both.
2. People who have experienced severe personal crises.
3. People who have suffered from adverse economic conditions.

These categories are not mutually exclusive. Some homeless individuals may display the characteristics of more than one group, or move from one group to another. The categories are described below:

The Chronically Disabled. According to the literature, people in this category are homeless because of the deinstitutionalization of mental patients. In 1955, there were 559,000 individuals in mental hospitals; in 1981, the figure had dropped to 125,000.[10]

There is considerable controversy about the actual percentage of homeless who are mentally ill. Nevertheless, they represent a significant percentage of the population.[11] Most of the mentally ill in shelters or on the streets cannot be admitted to mental hospitals because of restrictive admission policies.

Therefore, many mentally ill people go through a revolving door of emergency hospitals, jails, and back to the streets. At the utmost, they receive short-term outpatient treatment. What chronically mentally ill people need are long-term living arrangements designed and operated specifically for them.

People in Crises. The second major category of homeless persons comprises the following individuals or groups: battered women, one-parent families, the individual who has been released from jail, people with severe marriage or family problems, and runaway youths. Most of these people are considered to be homeless for a limited period of time.

[6] *A Report to the Secretary on the Homeless and Emergency Shelters*. U.S. Department of Housing and Urban Development, Office of Policy Development and Research. May 1984. p. 34.
[7] Ibid, p. 7.
[8] Ibid, p. 22.
[9] *Homeless Briefing, Background, Analysis, and Options*. U.S. Department of Health and Human Services. (No date.) p. 5.
[10] Ibid, p. 5.
[11] See third graph in Addendum A.

However, if they don't have or can't obtain the resource to resolve their crises, they risk continued homelessness.

Economically Impacted. In the third major category are people who have suffered as a result of federal and state budget cuts and eligibility restrictions in programs serving the poor (e.g., low income housing, Aid to Families with Dependent Children, Medicaid, and food stamps). This group also includes individuals and families who have been evicted for nonpayment of rent, elderly people living on small pensions, and the unemployed, as well as professionals and skilled workers who cannot find jobs.[12]

In this category are those people described as the "new poor." These are individuals—many with families—who are unemployed and have exhausted all their personal resources and benefits. They are described as discouraged workers or underemployed, and are no longer directly involved in the economy of the country.

The "new poor" also suffer from restrictive state and county regulations—along with the rest of the homeless—in that eligibility for general relief requires a permanent address. We can assume that many of these homeless people lack either knowledge of available services or how to obtain those services.

Why Are People Homeless?

Homelessness is not a uniform phenomenon. Its causes are many and the proportional contributions of relevant factors vary from place to place.

The ultimate causes and precipitating factors that result in homelessness are sometimes difficult to distinguish. However, there are five reasons about which there is general consensus.

1. **Deinstitutionalization of the Mentally Disabled**
   In 1963, Congress passed the Community Mental Health Centers Act. The act was directed toward the release of mental health patients who were not a "danger to themselves or others." Large numbers of psychiatric (including alcoholic and drug-abuse) patients were discharged with insufficient consideration of their residential placement outside of the hospital. In most states, no resources existed to maintain these people within the community. Community mental health centers do not provide for basic survival needs and often resist providing services to this type of person. In addition, owing to the restrictive admission criteria, there are a number of young adults suffering from chronic mental illness who have never been institutionalized.

   Persons who are chronically mentally ill share much in common with other disadvantaged groups. However, they differ in one major respect. Chronic mental illness impairs their most basic thought processes, affecting how they perceive and relate to the world around them. It is therefore often difficult for them to recognize their own needs or to know how to seek out or utilize the kinds of services that may be available for other groups of disadvantaged persons.

2. **The Shortage of Low-Income Housing**
   Over the grim statistics on homelessness looms the shadow of a housing crisis. Current estimates by the National Housing Law Project place the number of people who are involuntarily displaced from their homes each year at two-and-one-half million.[13] These individuals and families are casualties of revitalization projects, eviction, economic development projects, and demolition.[14]

   A number of studies have shown how loss of housing can be the immediate precipitating cause of homelessness.[15][16] The major victims of displacement are the poor, the very people who have the fewest resources to absorb or recover from new hardships.

3. **Reduction in Disability Benefits**
   Intensified review of eligibility and disability requirements, initiated at the federal level, have resulted in many people losing their benefits. The *Congressional Quarterly Weekly Report* estimates that 350,000 people had lost their disability benefits as of June 1983. When these benefits are terminated, people lose their primary or sole source of income. With no income and no prospect of a job, many are forced into homelessness. It should be noted that many people who lose their benefits often have neither the knowledge nor the ability to challenge the ruling.

4. **Low Levels of Assistance**
   Those individuals and famailies who do receive some form of public assistance often do not receive enough to cover their basic needs or are eligible for a limited time only. Local welfare and food stamp programs are not indexed to the cost of living. Welfare recipients must often make choices of whether to pay for food, rent, or

[12]Op. cit., p. 7.

[13]*Displacement: How to Fight It.* National Housing Law Project. 1982.

[14]*One Year Later: The Homeless Poor in New York City 1982.* Community Service Society of New York. June 1982. p. 3.

[15]*Housing Restoration and Displacement.* Editorial Research Reports. Vol. II, pp. 361–380.

[16]*The Homeless: Growing National Problem.* Editorial Research Reports. Vol. II, pp. 796–800. October 1982.

utilities. Such choices are generally forced by an increase in rent or an eviction with no other affordable housing available.

Moreover, if the federal budget cuts or program freezes proposed for fiscal year 1987 are adopted, states can be expected to further cut benefits and reduce eligibility.

If the community service block grants or Emergency Food and Shelter National Board Program (FEMA) monies are reduced, local voluntary and religious organizations and local governments will be hard pressed to assist in providing for the homeless.

5. **Domestic Violence And Homeless Youth** Intolerable family situations, especially the battered women and their children and what social workers describe as "throwaway" youths, have become a major problem in the last five years.[17] Unstable and violent home situations cause the victims to flee brutality and oppression without the means to care for themselves. The situation of battered women with children is desperate. Because of the lack of affordable housing, they have no option but to return to the abusive situation or to remain homeless.

What Is Being Done for the Homeless?

Surprisingly little is known about the nature and extent of efforts to assist homeless people. To determine what is being done, one would have to review every local study done by cities, counties, and private groups as well as state and national studies.

According to the HUD report, about 80 percent of the city and county governments do at least *one* of the following:

- Operate shelters.
- Give money to private groups to operate shelters or other services.
- Lease or rehabilitate buildings for private shelter providers.
- Provide vouchers to homeless persons for use in hotels, motels, or apartments.

It should be noted that these are all temporary services.

Nearly all programs for the homeless are dependent, in some way, upon federal funds that are channeled through FEMA, the Social Security Administration, or block grant programs. Many programs for the homeless are also run by voluntary, nonprofit, or religious organizations.

Even homeless programs conducted by the private sector are usually funded to some extent by public monies as well as charitable contributions and with an extensive use of volunteers. The use of volunteers has been demonstrated time and again to greatly expand the amount of services offered.

In a recent development, two charitable foundations, the Robert Wood Johnson Foundation and the Pew Memorial Trust, are funding programs for the homeless. These two foundations are committing $25 million to 19 major cities to provide free health care to the homeless. In an attempt to coordinate government and private initiatives, the U.S. Department of Health and Human Services (DHHS) established the Federal Interagency Task Force on Food and Shelter in October 1983. Represented on the task force are the Departments of Agriculture, Defense, Interior, Labor, Housing and Urban Development, Commerce, and Transportation, as well as the General Services Administration, FEMA, Action, and the Veterans Administration. Its ambition is to "cut red tape and act as a broker between the government and the private sector when a local community identifies a needed federal facility or resource and wants to mount a food or shelter project."[18] The task force is currently assisting 19 communities in establishing projects to aid the homeless.

Selected Bibliography

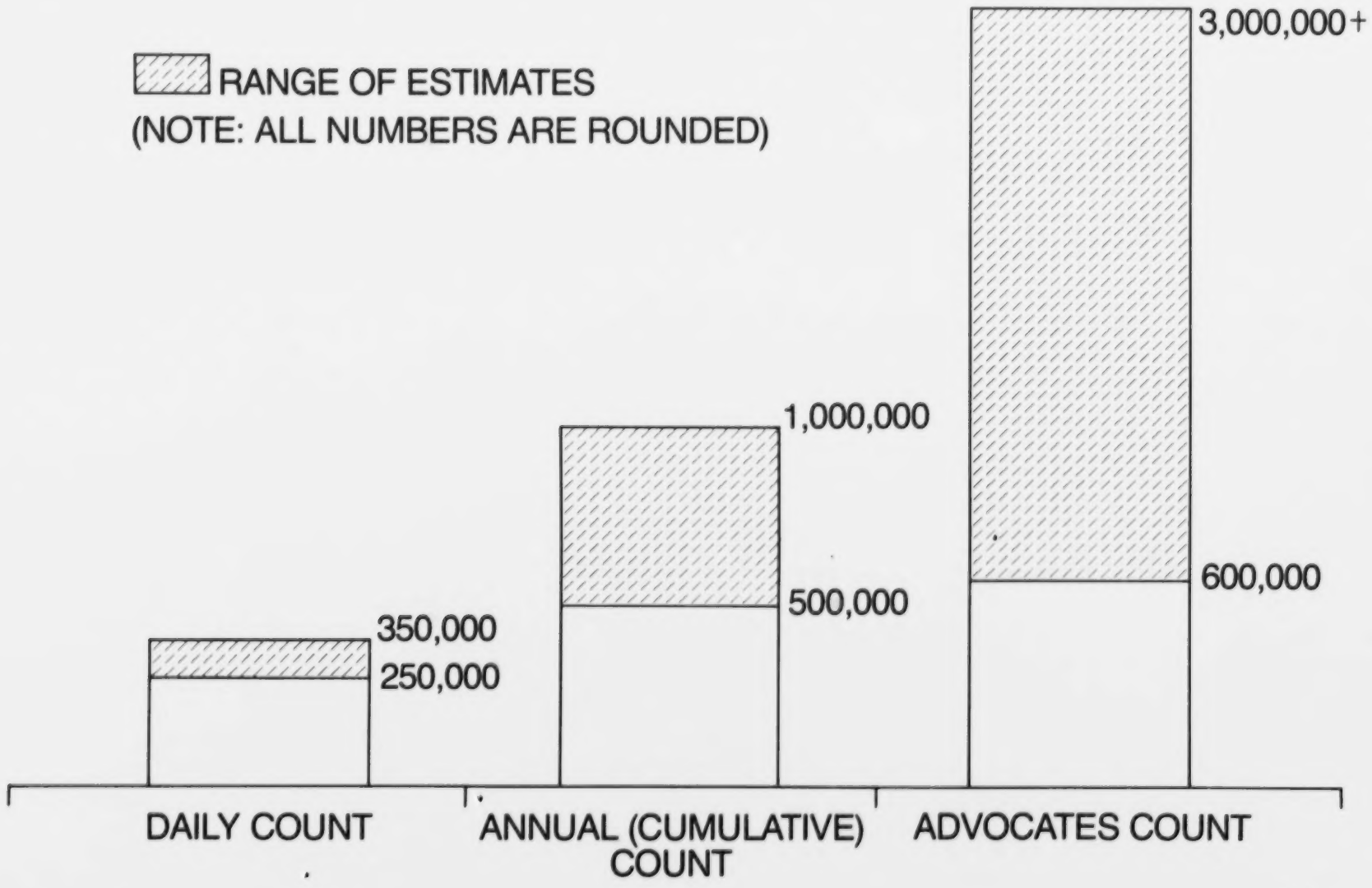
1. *A Report to the Secretary on the Homeless and Emergency Shelters.* U.S. Department of Housing and Urban Development, Office of Policy Development and Research. April 1984.
2. *Board and Care for Elderly and Mentally Disabled Populations.* Denver Research Institute, Social Systems Research and Evaluation Division, University of Denver, prepared for the Assistant Secretary, Planning and Evaluation, Department of Health and Human Services. March 1983.
3. *Displacement: How to Fight It.* National Housing Law Project. 1982.
4. *Helping the Homeless, A Resource Guide.* U.S. Department of Health and Human Services. Summer 1984.
5. *Homelessness in America's Cities: Ten Case Studies.* United States Conference of Mayors. June 1984.
6. *Homelessness in America II.* Hearing before the Subcommittee on Housing and Community Development, Ninety-eighth Congress, second session.

[17] *1933/1983—Never Again.* A report to the National Governors Association Task Force on the Homeless. July 1983.

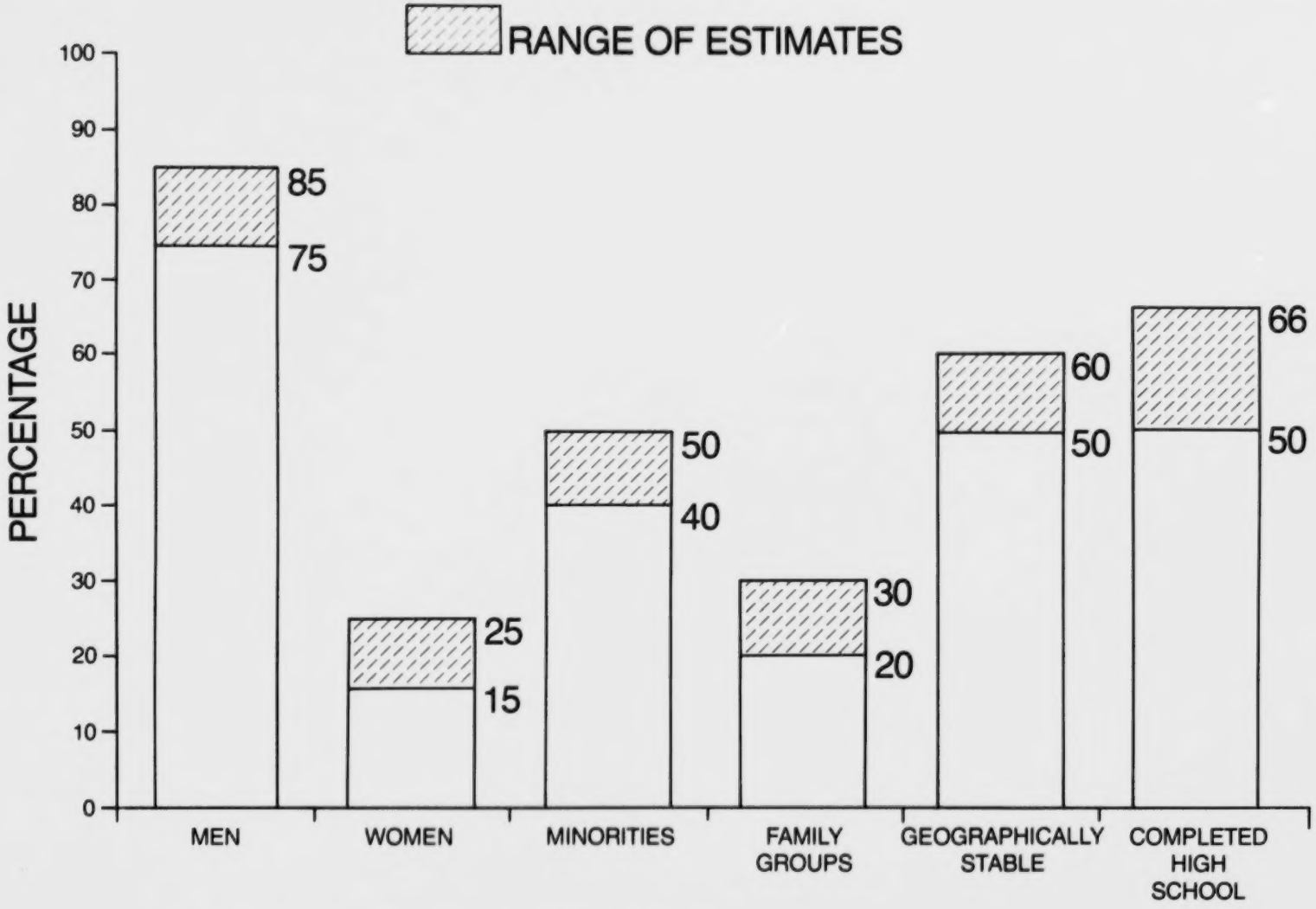
[18] Op. cit, p. 9.

7. *Housing Restoration and Displacement.* Editorial Research Reports, Vol. II, pp. 361–380. 1978.
8. *Service Delivery Assessment of Boarding Homes.* Technical Report, Office of the Principal Regional Office, Department of Health, Education, and Welfare. July 1979.
9. *The Homeless Briefing, Background, Analysis, and Options.* A briefing paper prepared by the U.S. Department of Health and Human Services for the Chairman, Subcommittee on Intergovernmental Relations and Human Resources, Committee on Government Operations, House of Representatives.
10. *The Homeless and the Economic Recovery.* National Coalition for the Homeless. November 1983.
11. *The Homeless and the Economic Recovery—One Year Later.* National Coalition for the Homeless. November 1984.
12. *The Homeless: Growing National Problem.* Editorial Research Reports, Vol. II. October 1982.
13. *Wanderers in a Promised Land: The Chronically Mentally Ill and Deinstitutionalization. Medical Care,* official journal of the Medical Care Section, American Public Health Association. December 1984.
14. *1933/1983—Never Again.* A report to the National Governor's Association Task Force on the Homeless. July 1983.

NUMBER OF HOMELESS

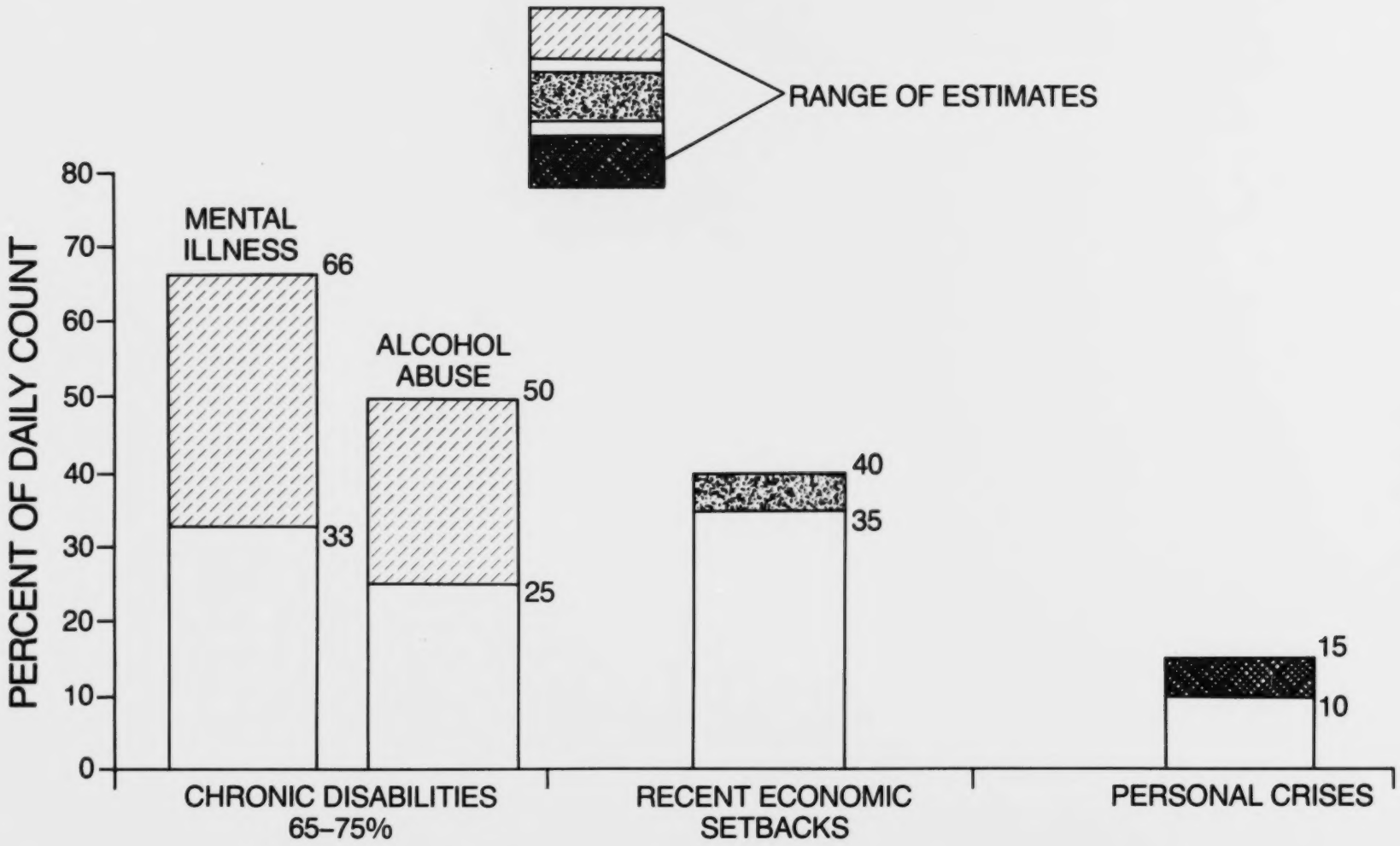


CHARACTERISTICS



AVERAGE AGE 35

REASONS FOR HOMELESSNESS



PERCENTAGES DO NOT ADD TO 100% BECAUSE OF OVERLAP

Chapter Response to the Services-to the-Homeless-Survey

Introduction

In January and February 1986, national headquarters conducted a survey of Red Cross chapters to determine how many provide services to the homeless. The survey also determined—

- What type(s) of direct services are provided to what type(s) of client.
- How many chapters provide indirect services to the homeless.
- How the chapters support these programs financially.
- How the homeless program has been received by all elements of the local community.
- How involved the board, the volunteers, and the paid staff are in implementing these programs.
- What types of problems have been encountered with the programs.
- How the chapter's public image has been affected by the homeless program.
- What sort of help the chapters would like to receive from the national sector.

Summary of Chapter Activities Regarding the Homeless

The American Red Cross has 670 chapters providing both direct and indirect services to the homeless. A breakdown of this total is as follows:

197 Groups I, II, and III chapters provide both direct and indirect services to the homeless.

250 Groups I, II, and II chapters provide indirect services to the homeless.

223 Groups IV and V chapters were funded under Phase III of the Emergency Food and Shelter National Board Program to provide direct services to the homeless.

It is possible that even more smaller chapters are involved with the homeless, but we do not have data on these chapters. The major focus of the following report, except where noted, will be on the chapters who responded to the survey.

Overview of Survey Findings

- The direct services that the chapters provide are targeted at both the homeless and the individual or family who is in danger of becoming homeless.
- The major problem facing the chapters is the lack of a stable funding base that would allow them to plan for the type and extent of services that they can offer from one year to the next. This type of planning is most critical because the chapters believe that the homelessness problem is becoming more serious.
- Chapter involvement with the homeless has been well received by all segments of the community, including the chapter board and other agencies, as well as by the volunteer and paid staff.
- To more completely meet the needs of the homeless, chapters indicate that they need more money and more volunteers and paid staff. In addition, current information regarding all aspects of the homelessness problem is very important to the chapters, and many of them perceive the national sector as being in a good position to provide this information.

Detailed Survey Findings

Questionnaires were sent to 545 Groups I, II, and III chapters, 467 (86%) of which responded. Of these, 197 (42%) participate in homelessness programs by providing direct and indirect services. Direct service consists of tangible assistance, such as utility payments, food vouchers, and shelter services. Indirect service consists of providing information and referral and participating in local planning for the homeless.

Types of Services Provided by Participating Chapters

Table 1 provides a detailed breakdown of the types of services provided by participating chapters. The table indicates that many chapters provide a variety of services. It is also quite clear that many of the services that these chapters provide are directed toward preventing individuals and families from becoming homeless.

Table 1. Types of Services Provided by Chapters Participating in a Homelessness Program. (N = 197)

A. Direct services to the homeless

Type of Service	Number of Chapters	0 10 20 30 40 50%
Rental assistance	90	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (46%)
Food vouchers	87	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (45%)
Utility payments	64	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (33%)
Counseling	58	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (30%)
Mortgage payments	49	XXXXXXXXXXXXXXXXXXXXXXXXX (25%)
Food pantries	42	XXXXXXXXXXXXXXXXXXXXX (22%)
Shelter service	38	XXXXXXXXXXXXXXXXXX (20%)
Shelter and food	36	XXXXXXXXXXXXXXXXXX (19%)
Bought/dist. food	38	XXXXXXXXXXXXXXXXXX (19%)
Housing vouchers	34	XXXXXXXXXXXXXXXXX (18%)
Food service	23	XXXXXXXXXXXX (12%)
Health programs	22	XXXXXXXXXXX (11%)
Transportation	15	XXXXXXXX (8%)
Cots and blankets	11	XXXXXX (6%)
Clothing	5	XXXX (3%)

B. Indirect services provided by chapters that also provide direct services

Type of Service	Number of Chapters	0 10 20 30 40 50 60 70 80 90 100%
Information and referral	197	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (100%)
Member of a task force or committee	180	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (91%)
Fiscal agent for FEMA National Board	82	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (42%)

Chapters Providing Indirect Services

The survey results indicate that of the 267 Groups I, II, and III chapters that do not provide direct services, 250 (94%) are nevertheless very much involved with the homeless. As shown in Table 2, these chapters provide information and referral services and about one-half belong to a task force or committee on the homeless.

Table 2. Types of Indirect Services Provided by Chapters Not Providing Direct Services to the Homeless. (N = 250)

Type of Service	Number of Chapters	0 10 20 30 40 50 60 70 80 90 100%
Information and referral	250	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (94%)
Member of a task force or committee	132	XXXXXXXXXXXXXXXXXXXXXXXXX (49%)
Fiscal agent for FEMA National Board	38	XXXXXXX (14%)

A number of chapters commented on providing direct services. Forty said they would like to start, 20 indicated that they do not have current funds to start a program, 10 said that there is a great and growing need, and 10 said that FEMA funds were no longer available. FEMA, as used in this report, refers to funding from the Emergency Food and Shelter National Board Program, which is chaired by the Federal Emergency Management Agency (FEMA).

Groups IV and V Chapters

The tables do not include the 223 Groups IV and V chapters that receive funding from FEMA to provide services to the homeless. These chapters were not surveyed because we did not wish to impose additional reporting requirements upon their volunteer staffs. However, a great deal is known about these chapters and, from this knowledge, we can draw a number of conclusions. Groups IV and V chapters are rural chapters that are directed and staffed by volunteers. We would not expect these chapters to be operating shelters for the homeless but, instead, to be using their limited resources from the Emergency Food and Shelter National Board Program to prevent individuals and families from becoming homeless.

Types of Clients Served by Participating Chapters

Table 3 shows the types of clients served. The majority of chapters serve the unemployed or underemployed. Single-parent families, battered women, the elderly, and the unemployable are also served by a large percentage of the chapters. About one-quarter of the chapters surveyed indicated that they have no restrictions on the type of clients served.

Table 3. Types of Clients Served by Participating Chapters. (N = 197)

	Number	0 10 20 30 40 50 60%
Unemployed or underemployed individuals	113	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (58%)
Unemployed or underemployed families	97	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (50%)
Single-parent families	96	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (49%)
Battered women	92	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (47%)
Elderly	87	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (45%)
Unemployable	74	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (38%)
Mentally disabled	30	XXXXXXXXXXXXXXXXX (15%)
Youth	29	XXXXXXXXXXXXXXXXX (15%)
No restrictions	47	XXXXXXXXXXXXXXXXXXXXXXXXXX (24%)

Sources of Funding

The chapters receive funding for their homelessness programs from a variety of sources. As indicated in Table 4, a considerable number of chapters receive funding from FEMA. Other important sources are the chapters themselves, the United Way, and state and local governments. Twenty-nine chapters also received funding or in-kind contributions from local churches and civic groups, and 12 chapters are involved in energy assistance through utility contributions. Programs for the homeless have been reduced at 41 chapters (21%) due to decreases in FEMA allocations.

Table 4. Funding Sources for Participating Chapters. (N = 197)

Source	Number	0 10 20 30 40 50 60%
FEMA funds	119	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (61%)
Chapter funds	99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (51%)
United Way	66	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (34%)
State or local govt.	46	XXXXXXXXXXXXXXXXXXXXXXXXX (24%)
Foundations	16	XXXXXXXXXXX (8%)
Federal govt.	8	XXXXXX (4%)
Other	41	XXXXXXXXXXXXXXXXXXXX (21%)

The Public's Response

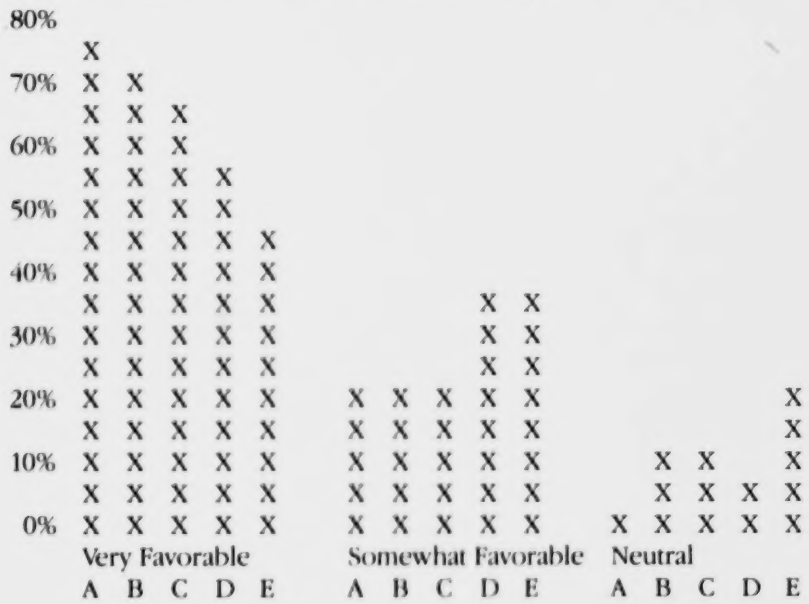
The response to the chapters' homeless programs has been very favorable. As Table 5 indicates, the response has been particularly favorable among agencies, the communities, and the chapter boards.

Table 5. Response of Local Groups to the Chapters' Involvement With Homelessness Programs. (N = 197)

	Very Favorable	Somewhat Favorable	Neutral	Somewhat Unfavorable
A Other agencies	143 74%	45 23%	5 3%	1 *
B The community	133 69%	42 22%	18 9%	1 *
C The chapter board	130 67%	43 22%	20 10%	1 *
D Chapter staff	58 45%	63 32%	13 7%	2 1%
E Chapter volunteers	45 88%	62 32%	40 21%	4 2%

* = Less than one percent

Graphic Representation of the Percentages Related to Public Response For the Five Groups.



Participation by Chapter Personnel in Homelessness Programs

As Table 6 demonstrates, the participation of chapter personnel in homelessness programs has been high. Among these chapters, 45% indicated Board involvement ranging from some to a great deal, 57% mentioned volunteer involvement ranging from some to a great deal, and 78% reported a great deal of staff involvement.

Table 6. Participation by Chapter Personnel in Homelessness Programs.

	0 10 20 30 40 50 60 70 80 90 100%
Board:	
Great deal	XXXXXX (10%)
Some	XXXXXXXXXXXXXXXXXXXX (35%)
Little	XXXXXXXXXXXXXXXXXXX (34%)
None	XXXXXXXXXXXX (21%)
Volunteers:	
Great deal	XXXXXXXXXX (19%)
Some	XXXXXXXXXXXXXXXXXXXX (38%)
Little	XXXXXXXXXXXXXXXXXXXX (38%)
None	XXX (5%)
Staff:	
Great deal	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (78%)
Some	XXXXXXXXXXXXXX (22%)

Major Problems Encountered

The major problem facing the homelessness programs is financial. Of the 197 chapters with direct services, 118 (60%) reported that the money available was inadequate to meet their program needs. Other problems include an insufficient number of paid staff, reported by 85 chapters (44%); an insufficient number of volunteers, reported by 63 chapters (32%); and excessive emotional demands on staff, leading to burnout, reported by 46 chapters (24%).

Table 7. Major Problems Encountered With Homelessness Programs.

	0 10 20 30 40 50 60 70%
Not enough money	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (61%)
Insufficient paid staff	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (44%)
Insufficient volunteers	XXXXXXXXXXXXXXXXXXXXXXXX (32%)
Excessive emotional demands on staff	XXXXXXXXXXXXXXXXXX (24%)

Effect of Participation on Chapter Public Image

Participation in the program has greatly enhanced the public image of many of the chapters. The homelessness programs have had a very-positive or somewhat-positive effect on the general public for 170 of the chapters (86%). Only 24 chapters reported no effect on public image and no chapter reported a negative effect. The effect on other organizations was even more favorable with 192 (97%) of the chapters responding that their image among these organizations was very positively or somewhat positively affected. Only five chapters reported that there was no effect.

Table 8. Effect of Chapters' Programs on the Public Image. (N-197)

	0 10 20 30 40 50 60 70 80 90%
A. General Public:	
Very positive	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (55%)
Somewhat positive	XXXXXXXXXXXXXXXXXXXXX (32%)
Not at all	XXXXXXXXX (12%)
B. Other Agencies:	
Very positive	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (66%)
Somewhat positive	XXXXXXXXXXXXXXXXXXX (31%)
Not at all	XX (3%)

Services Requested From the National Sector

The following is a listing of the services that the participating chapters stated they would like to receive from the national sector.

- Information about activities of other chapters 121 62%
- Current information 98 51%
- A clearinghouse on current information 83 43%
- Red Cross conferences of meetings on the homeless 65 34%
- Promotional/public relations material 56 29%

It can be seen that most chapters desire information about the homelessness problem in general and about other chapters' activities concerning the homeless. The national sector can be an effective agent for providing this information. In fact, 29 chapters stated that it was important for them to know the position of national headquarters regarding the homeless.

CHAPTER SERVICES TO THE HOMELESS SURVEY

1. Is your chapter presently participating in any programs for the homeless within your community?

☐ YES ☐ NO (If no, go to Questions 3 and 10-13.)

2. If YES, please check all of the following that apply:

- ☐ shelter service
- ☐ shelter and food service
- ☐ food services
- ☐ food vouchers
- ☐ food pantries
- ☐ bought and/or distributed food
- ☐ housing vouchers
- ☐ rental assistance
- ☐ mortgage payments
- ☐ utility payments
- ☐ health programs
- ☐ counseling
- ☐ other—list_____

3. Indirect services/information (check all that apply)

- ☐ member of a task force/committee
- ☐ information and referral
- ☐ fiscal agent for Emergency Food and Shelter National Board Funds (FEMA)
- ☐ other—list_____

4. Types of clients served by your chapter (Check all that apply)

- ☐ unemployed or underemployed individuals
- ☐ unemployable
- ☐ unemployed or underemployed families
- ☐ single-parent families
- ☐ battered women
- ☐ elderly
- ☐ youth
- ☐ mentally disabled
- ☐ other—list_____

5. Funding—how has your chapter been funded for the homeless programs? (Check all that apply)

- ☐ Emergency Food and Shelter National Board Funds (FEMA)
- ☐ Chapter funds
- ☐ Government—Federal
- ☐ Government—State and/or Local
- ☐ Foundations
- ☐ United Way, other than FEMA funds
- ☐ Other—list_____

6. Has your chapter had to curtail homeless programs due to lack of funds?

☐ Yes ☐ No

7. If yes, what services were curtailed, and by what amount?

_____

_____

_____

_____

8. How have your programs and/or involvement with the homeless been received by:

	very favorably	somewhat favorably	neutral	somewhat unfavorably	very unfavorably
Chapter board					
Chapter staff					
Chapter volunteers					
Other agencies					
The community					

9. How much chapter participation has there been with the homeless programs?

	great deal	some	little	none
Board				
Volunteers				
Staff				

10. What major problems have you encountered with your homeless programs? (Check all that apply)

- ☐ Insufficient volunteers
- ☐ Insufficient paid staff
- ☐ Excessive emotional demand on staff, leading to burnout
- ☐ Not enough money
- ☐ Other—list_____

11. How has the chapter's participation in the homeless programs affected the public image of the chapter

a. with the general public?

☐ very positive ☐ somewhat positive ☐ not at all ☐ somewhat negative

b. with other agencies/organizations?

☐ very positive ☐ somewhat positive ☐ not at all ☐ somewhat negative

12. In providing services to the homeless, what kind of help would you like from the national sector? (Check all that apply)

- ☐ Program development assistance
- ☐ Current information
- ☐ Promotional/public relations material
- ☐ A "clearinghouse" on current information
- ☐ Information about activities at other chapters
- ☐ Red Cross conferences/meetings on the homeless
- ☐ Other—list_____

13. Any other comments you would like to make which would assist the chapter Task Force on the Homeless and the national sector?

_____

_____

_____

_____

Thank you for taking the time to complete this survey. You will receive a complete report of the findings.

(label here)

Name of Chapter Manager

_____

Name & Title of Individual Completing This Form

_____

_____

Recognizing the Needs of the Homeless

Red Cross Chapter Homeless—Program Profiles

The following chapter profiles are representative of the extensive array of services that the Red Cross provides to the homeless and are presented as examples of how to provide those services. This material, which comes directly from the chapters, represents the types of questions that must be answered to successfully implement a program for the homeless. The profiles are presented as examples by which other chapters can benefit. In the future, other chapter profiles will be provided.

Special thanks go to Mary-Alice Frank, assistant executive director of the Greater Cleveland Chapter, who was instrumental in developing this material.

The American Red Cross in Greater New York

Program Profile

The American Red Cross in Greater New York provides assistance to the homeless through several programs. In addition to operating a disaster relief program that housed more than 4,000 families displaced by fire in 1985, staff serve on the local board of the Emergency Food and Shelter Program, the Governor's Task Force on the Homeless, the Allocation Committee of the New York City Supplemental Nutrition Assistance Program, the Board of Directors of the New York Coalition for the Homeless, and the Steering Committee of the Emergency Alliance for Homeless Families.

The chapter operates three additional emergency housing programs—the Emergency Family Center, the Family Respite Center, and Emergency Senior Services—each of which provides temporary housing and a wide range of support services.

The Emergency Family Center is a 92-unit motel that provides emergency and transitional shelter and extensive support services to single mothers and their children. Red Cross staff, consisting of 30 professional and support personnel, provide displaced families with immediate, safe, adequate shelter and social services that include assessment, counseling, advocacy, and referral. Recent additions to the facility include a 48-child licensed day-care center, an after-school program for older children, and a family dining program.

The Family Respite Center provides emergency and transitional shelter and support services to 35 single mothers with children. Four Red Cross caseworkers provide social services and advocacy and referral to clients, while the hotel assumes responsibility for support services. All living units are equipped with furniture essential for family living, including cribs and highchairs and a private bath. Each has a kitchenette and is air conditioned.

Both the Emergency Family Center and the Family Respite Center accept referrals from the New York City Human Resources Administration and Department of Social Services and are also funded by these agencies. The families sheltered include those who are homeless because of fire, vacate orders, domestic violence, inability to pay rent, or lack of essential services.

Emergency Senior Services provides emergency shelter, case management, and permanent relocation assistance to the newly homeless elderly. Services include 21 days of emergency housing (in individual rooms), three meals each day, laundry and housekeeping services, and casework assistance. Rental or mortgage assistance to avoid immediate eviction is also available. This program is funded by an Emergency Food and Shelter Program grant and the New York City Department for the Aging.

American Red Cross in Greater New York
150 Amsterdam Avenue
New York, New York 10023

Phone: (212) 787-1000

Contact Person: Jack Doyle, Deputy Director, Disaster Services

Housing Initiatives of the Red Cross in New York City

The Emergency Family Center, the Family Respite Center, and Emergency Senior Services, the three major and current emergency and transitional housing initiatives of the American Red Cross in Greater New York, are marked most notably by the following characteristics: (1) Unique demonstration of a comprehensive cost effective alternative to the "status quo approach." (2) Targeted to a very specific underserved and vulnerable population. (3) Capable of replication. (4) Maximize the combined use of existing community resources, unique capabilities of Red Cross, and available cost reimbursement mechanisms. (5) Offer immediate as well as more long-term benefits for clients. (6) Contribute to the evolution of public policy. (7) Heighten public awareness of the plight of the homeless and of the Red Cross's ability to address this community need. (8) Provide a forum for volunteer participation. (9) Offer yet untapped opportunities for research and study to advance the provision of social services.

1. For several years preceding the opening of both the Emergency Family Center (Travel Inn) and the Family Respite Center (Roger Williams Hotel), prominent individuals and organizations concerned with the growing army of homeless families and the deteriorating conditions in the 55 welfare hotels called upon public officials to attempt new approaches to the provision of emergency shelter. The takeover of hotels through net-lease, gross-lease, contractual agreement, and/or eminent domain were among the proposed measures. Despite public plea, demonstrated need for action, and the severe human toll exacted, no action was forthcoming.

   Thus with the opening and subsequent one-year history of the Emergency Family Center and the Family Respite Center, there comes a clear widely acknowledged and publicly applauded demonstration that a voluntary agency can, even given the constraints of hotel living in the shadow of Times Square, operate at less cost to government, a comprehensive program of transitional housing and supportive services for families with children.

   Through this effort, the American Red Cross in Greater New York has demonstrated a unique and previously untried alternative to welfare hotels and congregate shelters.
2. Among the most vulnerable of the homeless family population—more than 10,000 children and their parents—are the newborn infants and women, often very young, who are in their last trimester of pregnancy. These and the many young children—toddlers, preschoolers, and those just moving outside the circle of the family to attend school—are susceptible to the often physically, intellectually, and emotionally scarring experiences all too commonplace in emergency shelter facilities.

   A recent review of the profiles of 4,110 families currently counted among the homeless, reveals that nearly 40 percent are single-parent, female-headed households with children all 8 years of age or younger. This significant subpopulation of underserved women and children has been the audience for current Red Cross emergency and transitional housing programming. The targeting has allowed for both the rallying of existing resources specific to the needs of this group and the development of new programming relevant to the provision of comprehensive service.
3. Prompted by attention given to these efforts by both the media and a wide range of advocates and service providers, city and state government as well as nonprofits have begun to focus their attention on replicating such gross and net lease arrangements. In the wake of recent allegations that the Holland Hotel, a most notorious welfare hotel, realized a 3 million dollar annual profit, a Mayoral Task Force was established. The still unreleased Task Force report cites the efforts of the Red Cross at the Emergency Family Center and calls most forcefully for the duplication of that approach.
4. The success of these of these Red Cross initiatives is in large part due to the coalescing of the myriad interests and expertise of more than a dozen public, private, and voluntary organizations. In such diverse areas as health, education, recreation, protective services, nutrition, and physical plant management extensive contributions have been made at no cost to the Red Cross or the clients. Among the many participating groups are: Police Athletic League, Women in Need, Hospital Audiences, Inc., 42nd Street Civic Association, Rheedlen Foundation, Children's Aid Society, Education in Dance, Ethical Culture Society, Supplemental Nutritional Assistance Program, Emergency Food and Shelter Board Program.
5. As reflected in the interest shown in replicability of these projects, the Red Cross has contributed to the evolution of public policy. The full potential for such contributions has not yet been fully realized.
6. Because of the comprehensiveness of our approach, the EFC and FRC offer not only immediate benefits for the client in the form of clean secure shelter but hold the promise of long-term positive contributions to the lives of these families. Attention to critical prenatal care; involvement of young mothers in high school equivalency programs; the relocation of a family to decent, permanent housing; the referral of an abusive parent to a preventive service program—all of these offer the hope of meaningful change in the lives of these families in need and at risk.
7. The Red Cross has long symbolized neighbor helping neighbor. As demonstrated by recent media attention, subsequent unsolicited contributions, a very successful premier benefit, and the preliminary response of foundations to several grant proposals, these programs serve to heighten public awareness of the Red Cross's unique capability to provide quality service in a heretofore untried fashion.

   Our compassionate, professional efforts also allow for an increased understanding by fellow New Yorkers of the plight of homeless families and the scope, magnitude, and causes of this epidemic problem.

8. While not yet fully realized, the multifaceted nature of these programs offers a forum for extensive volunteer participation. Youth, the elderly, professionals, local neighbors, and corporate volunteers all can find a place in the programming of EFC and FRC.
9. Advances in the field of social service provision require study and research related to both the client population and the service provided. EFC and FRC provide a laboratory for such efforts.

The Emergency Senior Services Program began as a pilot project using a unique combination of resources to serve a vulnerable and often neglected population—newly homeless elderly. Through the formation of a partnership including the American Red Cross in Greater New York, the New York City Department for the Aging, Aging in America, and the Educational Alliance, a previously untried emergency service has been made available throughout the city. Without such a program, these elderly would be destined to life on the streets, premature and unnecessary institutionalization, or existence in an impersonal and threatening mass shelter.

ESS combines a unique mix of funds including the clever application of Home Energy Assistance Program funds for the homeless, who are of course heatless.

Use of the good name of the Red Cross and a proven staff capability have resulted in the appropriate relocation of the elderly shortly after their stabilization in temporary shelters.

Viewed against the backdrop of increasing need, often inadequate if not scandalous public response, continuing opportunities for creative intervention and cautious optimism about the success of our recent initiatives, the continued development of Red Cross services to the homeless should occur.

The Red Cross Emergency Family Center

The American Red Cross Emergency Family Center is a multi-faceted program of emergency housing for the neediest among New York City's homeless population—young mothers with children. The following aspects comprise the program's mission:

(1) To provide New York City's displaced families with immediate, safe, clean, and comfortable shelter in individual units (with bath) for each family.

(2) To assist resident families in meeting nutritional needs by—
- —Ensuring receipt of maximum food entitlements (food stamps, restaurant allowance, and so on).
- —Supplementing family food entitlements from onsite emergency food pantry.
- —Ensure tables and chairs for eating and a working refrigerator in each family unit.
- —Enrolling families, where eligible, in additional nutritional programs (e.g., Women with Infants and Children).

(3) To promote resident family health by—
- —Registering families in the local hospital child and youth, out-patient, and prenatal clinics.
- —Arranging onsite visiting nurse service.
- —Encouraging family responsibility for its health needs through counseling and the monitoring of clinic appointments by program casework staff.
- —Conducting parent workshops on infant care, nutrition, and so on.

(4) To promote family education, recreation, and self-reliance by—
- —Enrolling all school-age children in schools local to the family center and monitoring attendance.
- —Assisting in registering preschoolers and toddlers in day-care programs.
- —Providing onsite family play activities and off-site trips that afford culture and education as well as recreation.

(5) To assist families in finding and moving to a new home through—
- —Outreach to and developing contacts with private and public sector housing.
- —Developing individual family rehousing plans via casework staff.
- —Providing transport to view housing, to interviews with managing agents and landlords, and to relocate families and belongings to new homes.

(6) To enhance volunteer participation in Red Cross activities and programs—
- —Through outreach to community-based and corporation volunteer programs (e.g., the Ethical Culture Society).
- —Planning for volunteer inclusion in specific program aspects, particularly child activities and special events and projects (e.g., preparing emergency food packages).

(7) To provide training and development of the Red Cross staff and volunteers through—
- —In-service training (e.g., Alternatives to Violence).
- —Attendance at workshops and conferences.
- —Regular and effective staff and volunteer supervision with planning career goals.

(8) To provide a quality service and cost-effective models for housing homeless families to not-for-profit groups and government agencies in New York as well as to Red Cross chapters nationally.

(9) To promote public support and understanding of the American Red Cross and a positive image of Red Cross services through—

—Regular review and revamping of service delivery.
—Outreach to and membership in community groups (e.g., Community Board #5, 42nd St. Civic Association).
—Presentations to conferences and meetings of service providers, advocate and community groups, and so on.
—Arranging onsite meetings, program tours, and so on.

(10) To increase Red Cross revenues—

—By researching and securing foundation grants (e.g., Hyde Watson grant of $5,000).
—By researching and securing fee for services (e.g., shelter rate, day-care).

(11) To increase the American Red Cross response to local needs and minorities.

The current Emergency Family Center program services a population that is 95 percent minority with a staff 74 percent minority.

Emergency Senior Services Emergency Temporary Shelter

Red Cross 787-1000 ext. 8108, 8141

This service is available seven days a week. The Red Cross can be contacted during the following hours:
Monday through Friday
Weekends and Holidays, 10 a.m. to 10 p.m.

Scope of Service:

—Lodging: not to exceed 21 days without Red Cross determination.
—Food: up to three meals a day.
—Transportation: to and from shelter, as needed.
—One-time service.

Eligibility Criteria:

—Sixty years of age or older.
—History of maintaining residence prior to present emergency.
—Lack of or unavailability of natural support systems.
—Referred by hospital, police, or social service agency.
—Medically and mentally stable.
—Ambulatory.

Note: Referring agency must have a rehousing plan and continue follow-up during client's stay at shelter.

Emergencies Covered:

1. Hazardous housing is defined under the following conditions:
   —Vandalism not caused by client.
   —Sewage back-up.
   —Fallen or falling ceiling or any conditions that might be considered hazardous.
   —Abandoned housing; absentee landlord (only if life and/or safety are jeopardized).
   —No heat and hot water.
2. Evictions will be acceptable under the following conditions:
   —Nontransient one-time assistance.
   —Eviction not due to client's own violence, vandalism, disruptive behavior, or failure to pay rent.
3. Harassment: parent abuse or abuse by any relative or other tenants or neighbors.
4. Crime victims referred by appropriate agencies.
5. Temporary absence of care giver. (Care givers are defined as friends or relatives living in same home or apartment or apartment building.)
   —Absence of care giver because of sudden illness.
   —Emergency absence does not include vacations or respite.
   —Absence because of other emergencies must be approved by the Red Cross.

Dallas County Chapter

Program Profile

The Red Cross Temporary Housing Program, located at the Elmer Scott Housing Project in West Dallas, has been awarded the George Loving Residence Council Award. The Reverend Kenneth Hogg, chairman of the Western Regional National Tenant Association, presented the award to the program for its dedication to alleviating homelessness and its involvement in the West Dallas community.

The 16-unit facility provides free, temporary housing—generally from 30 to 60 days—for homeless families. The Dallas County Red Cross administers the program and manages the facilities. "The program is available to families who are temporarily without resources and who, with assistance, may regain a level of self-sufficiency," said Ruth Jones, program coordinator and manager of the facilities.

The Dallas County Human Services Department, the Salvation Army, the Community Council of Greater Dallas, the Dallas Community of Churches, and the Martin Luther King Center have taken an active role in the program by referring applicants and by providing casework services.

No accurate counts are available, but the number of homeless Americans is estimated at 2 million or more nationwide. A House subcommittee estimated last year that 21 percent of the homeless are families. "There is a new wave of homeless people made [up] of young and able-bodied individuals with slim chances of finding jobs and even slimmer chances of locating low-income housing," said Jones. "Although there are many single people without a home, the program gives admission priority to families where the head of the household is employable," said Jones.

"Many of the people we have helped have improved their quality of life. Some shelters can be terrifying—good only for protection from inclement weather and dangerous streets. The Temporary Emergency Housing Program is different. We make arrangements for food, clothing, transportation, and other basic needs. There is help in securing more permanent housing, and counseling is provided."

Since April 1984, approximately 200 have been housed. Once they have their basic needs cared for, tenants concentrate on job hunting and are encouraged towards self-sufficiency. Most of the families are from the Dallas area. However, the program has offered assistance to families from more than 13 states.

The program provides safe and clean two-bedroom apartments. Furnishings for the units are provided through donations. There are plans to add more units in the future.

Dallas County Chapter
2300 McKinney Avenue
Dallas, Texas 75201

Phone: (214) 871-2175

Contact Person: Dorothy Roberts, Director, Social Services

Dayton Area Chapter

Program Profile

The Dayton Area Chapter operates a 20-unit apartment facility for the homeless. The apartments, which are a section of the Dayton Metropolitan Housing Authority, are leased to the chapter. The chapter is responsible for all shelter operations including counseling.

Qualified clients are individuals who are homeless because of eviction or individual crisis (e.g., fire, abuse, lack of utilities) and are referred by agencies, churches, and service organizations. They may remain in the shelter for 2 weeks, during which time a caseworker evaluates the crisis and assists the client in preparing for a permanent housing situation. If indicated, clients may remain in the shelter for more than 2 weeks.

The program is monitored by a board of directors and an advisory committee and is funded by FEMA, United Way, County Human Services Levy, churches, and individual donations.

Dayton Area Chapter
370 West First Street
Dayton, Ohio 45402

Phone: (513) 222-6711

Contact Person: Joan McDonald, Group Manager, Chapter Services

Emergency Housing Program

The Emergency Housing Program is designed to provide emergency housing for families in need of a temporary place to live. Clients may remain in the emergency shelter for 2 weeks, during which time they will be assisted by casework staff to evaluate the crisis and prepare for a permanent alternative for their housing needs. Clients may be granted an extension to remain in the shelter beyond the 2 weeks if conditions require it.

This service is available to persons who are without housing for eviction or individual crisis (fire, gas leaks, no utilities, abusive situation, or transiency).

Clients should be referred by an agency, church, or service organization. The program is staffed by trained caseworkers, and it operates 24 hours a day, 7 days a week. Staff members are available and referrals are accepted 8:30 to 5:00 p.m., Monday through Friday.

The program model currently operates 20 apartment units of a Dayton Metropolitan Housing Authority Project located in an area easily accessible to clients by car and bus. The apartments are leased to our chapter at a cost of $100 per unit per month for a total of $24,000 per year.

The program is funded by the United Way, County Human Services Levy, Federal Emergency Management Agency, churches, and individual donations. Also, material contributions are accepted from area businesses. The cost of the housing program is approximately $120,000 per year.

Clients are asked to complete a client-satisfaction survey when they leave the program. A follow-up survey is sent to the clients 3 months after leaving the program to determine whether their living situation has remained stable. (See attachments.)

The program is monitored by an advisory committee of the Red Cross chapter's board of directors. Monthly statistical reports are submitted that give an accounting for the number of clients applying, received, denied entrance to the program; ages; demographic data; outcomes; and referring agent. In addition, major funding bodies require quarterly reports. (See attached statistical report.)

The program is under the direction of Community and Military Services (formerly SMF).

Client Survey—Dayton Area Chapter Emergency Housing Program

Please take the time to respond to this survey on the services that you have recently received at the Emergency Housing Program. You may complete the form and return it in the stamped envelope provided. Thank you for your help in evaluating our program.

1. Rate the overall quality of services you received while at the Emergency Housing Program:
   Excellent ____ Good ____ Adequate ____ Poor ____

2. Was the staff courteous and helpful in providing the services?
   Yes ____ No ____ If no, please explain:

3. Did the service you received enable you to find permanent housing?
   Yes ____ No ____ If no, why not:

4. Rate your level of satisfaction with the service you received. Circle one.

Very satisfied		Satisfied		Not very satisfied
5	4	3	2	1

5. Was the service what you expected? Please explain what recommendations you would like to make with regard to:

   a. Staff

   b. Parkside apartment units

Attachment 2

Dear

During the past few months you have received assistance from the American Red Cross, Emergency Housing Program at Parkside. We were happy to be of service to you in this way. In order to evaluate the effectiveness of this program, we would like you to respond to our survey form. Please feel free to add any comments on the program. Thank you.

Sincerely,

Joan P. McDonald
Group Manager
Community Services

EMERGENCY HOUSING PROGRAM — Follow-up Questionnaire

Please check one:

1. Have you remained at the same address since you left the program?
   Yes ____ No ____

2. If you have changed your residence since you left the program, please describe the reason for the move.
   _____
   _____
   _____

3. What additional assistance would you need to maintain a permanent place of residence?
   _____
   _____
   _____

Support Red Cross through your United Way/Combined Federated Campaign contribution

American Red Cross Dayton Area Chapter Emergency Resource Bank (Food Program)

History

In the early 1970s, there were several independent food pantries in the Dayton community providing food to the poor and needy. In an effort to increase the flow of donated food, but decrease the number of approaches to potential donors, these independent pantries formed the Montgomery County Hunger Coalition. In a very short time, the needs of the community indicated that donated food alone would not be sufficient to meet the need, and that there needed to be one organization to procure, warehouse, and distribute food to the pantries.

In 1976, the Montgomery County Hunger Coalition went to the community with this need for assistance. Metropolitan Churches United, Montgomery County, the City of Dayton, the Ombudsman Office, and United Way responded with a group-supported effort in the birth of the Emergency Resource Bank. In 1983, the Emergency Resource Bank became a department of the Dayton Chapter of the American Red Cross.

Our Role

The Emergency Resource Bank is dedicated to providing emergency food assistance to people in crisis situations. In order to do this, the Emergency Resource Bank operates a foodbank that procures, warehouses, and distributes food to emergency food pantries and supplemental feeding programs in a three-county area. The pantries are staffed by volunteers, while pantry space, in church buildings and community centers, is donated.

The pantries provide a 3-day supply of emergency food to people who are experiencing sudden misfortune or who are waiting for assistance from government programs. The pantries supply enough food to tide them over until a government agency or the people themselves can assume the burden. Pantries normally provide assistance up to four times a year; however, this guideline can be exceeded in extreme circumstances.

The chain of events is as follows. The plight of an individual comes to the attention of a social worker, minister, or representative of a community agency. That person then notifies the neighborhood food pantry of the situation, gives the name of the person to receive aid and the number of people in the household, then arranges a time for the food to be picked up. Pantry workers put together the order, which includes enough food for nine meals, and complete an intake form when the recipient collects the food. The food is given free of charge.

The Emergency Resource Bank serves emergency food pantries in several ways. First, because the pantries primarily distribute nonperishable food (food that is rarely donated because of its long shelf life), the Emergency Resource Bank operates a bulk food purchasing program. Food is purchased in large quantities at substantial savings by the Emergency Resource Bank and sold at cost to the pantries. Cash contributions and private fundraising efforts enable the Emergency Resource Bank to give credit allocations to food pantries, which they use to obtain food at no charge. These allocations provide a substantial supplement to the money the food pantries are able to raise through their sponsoring organizations.

Second, the Emergency Resource Bank acts as the coordinating agency for all major community food drives by collecting and distributing this food to the pantries.

Third, the Emergency Resource Bank provides donated food to the pantries through its Second Harvest program. In 1984, the chapter affiliated itself with the National Second Harvest Food Bank Network. Since one-fifth of all food produced in the United States is lost or wasted, Second Harvest exists to reduce food waste and feed the needy. Though some loss is unavoidable, much of the food thrown away is still wholesome—it just can't be sold due to mislabeling, cosmetic defects, production overruns, or products that are approaching their pull dates. The Emergency Resource Bank receives this food from national food manufacturers and retailers, as well as solicited donations from local sources. During the past year, the Emergency Resource Bank received 341,191 pounds of food from 68 donors.

To help defray some costs associated with this program, food pantries paid a twelve-cents-a-pound shared maintenance fee for some foods. This allows food pantries to stretch their buying power and have the convenience of receiving donated food without approaching donors directly. The result is that less food is wasted, and more hungry people are fed.

In addition, food manufacturers and retailers receive tax benefits and good publicity from donating rather than destroying food.

The Emergency Resource Bank delivers much of the food to those pantries who are members of the Hunger Coalition. The Hunger Coalition addresses the needs of the hungry through its network of over 50 food pantries, store fronts, meal feeder programs,

agencies, and churches. This Coalition provides the backbone of emergency food distribution by nurturing the volunteer system responsible for feeding the hungry.

This volunteer system defines the needs of the hungry and sees to it that those needs are responded to by appropriate agencies. In addition, the Hunger Coalition provides an education to the community through various media on the seriousness of the hunger problem.

It is also the job of the Hunger Coalition to make certain that food pantries operate within basic guidelines to assure a uniform standard of services, and that support systems such as the Emergency Resource Bank are fully used.

Government Commodities Program

The Emergency Resource Bank delivered cheese and other commodities to over 5,000 people in their homebound program. Over 140 agencies, churches, block clubs, and individuals volunteered to distribute commodities to those persons who, because of low incomes, are eligible to receive commodities, but poor health prevents them from going to mass distribution sites. As available, cheese, butter, nonfat dry milk, honey, cornmeal, rice, and flour were distributed six times during the past year.

The Emergency Resource Bank also coordinated seven countywide distributions of commodities. Eleven sites and approximately 150 volunteers provided an average of 15,600 people with commodities at each of these distributions.

The Emergency Resource Bank is funded by a number of sources—business, churches, private agencies, the United Way, the Human Services Levy, and individuals from the community.

The salaries of six paid staff, rent for the warehouse, and necessary equipment (fork lifts, delivery trucks, and so on) are provided by the funding received from these sources. The program is entirely self-sustaining.

Last year the Emergency Resource Bank received monetary contributions in the amount of $326,998 and donated goods in the amount of $2,323,289. (See attached financial statement.)

Examples of Annual Fundraising Events Held for the Emergency Resource Bank

Valley Food Relief—For the past 3 years, the *Dayton Daily News* and the *Journal Herald* have sponsored Valley Food Relief. This effort raises the community awareness of the hunger problems through daily newspaper articles published during a 7-week period, and encourages donations from a 14-county area to alleviate hunger. In 1985, this campaign raised $80,000.

"Stop Hunger—Fast"—A community response to the hunger problem in Africa and the Dayton area. Initiated by Congressman Tony Hall, people interested in fighting hunger fasted for 40 hours, soliciting sponsors for each hour fasted. Proceeds were divided between African Famine Relief and the Emergency Resource Bank. Over 3,500 people fasted, collecting $300,000 in food donations and funds.

Crop Walk—The money-raising arm of Church World Service is a community response to hunger locally and worldwide and is sponsored by Metropolitan Churches United. Over 600 people walked all or part of a 10-mile route collecting more than $35,000 in pledges.

"Food for Friends"—Sponsored by a Dayton television station is a month-long community food drive. Barrels are placed in Kroger supermarkets, banks, and other locations. The Emergency Resource Bank received over 70,000 food items to distribute.

Care and Share—The National Care and Share program was sponsored locally this year by a food chain and a television station. Over 35,000 items were collected and given to the Emergency Resource Bank.

Holiday Aid '85—An extension of international projects to feed the hungry—e.g., Live Aid and USA for Africa. Our local effort was called Holiday Aid. A local automobile dealer wrote and organized the recording of "Let Them Shine", and local celebrities from Dayton's media comprised the choral group. Proceeds from the record sales, as well as the sale of T-shirts, sweatshirts, and video tapes, raised over $30,000. In addition, nearly 20,000 food items were collected.

Emergency Resource Bank
Statement of Support, Revenue, Service, and Expenses
for the Year Ended December 31, 1985
(Unaudited)

Public support:		
Contributed goods:		
U.S. Government Commodities		$2,233,817
Second Harvest		28,261
TV 2 Food for Friends and other food drives		61,211
		2,323,289
Monetary Contributions:		
United Way	$ 51,869	
Churches	14,181	
Montgomery County Hunger Coalition	29,528	
Dayton Newspapers Valley Food Relief	88,637	
Stop Hunger—Fast	67,662	
Human Services Levy	42,060	
Individuals and other	33,061	
Holiday Aid	20,000	
		326,998
Revenue:		
Food Sales	118,310	
U.S. Government Handling Credit	127,932	
		246,242
Total Public Support and Revenue		2,896,529
Service and expenses:		
Food allocation	274,749	
Food sales at cost	118,310	
Donated canned goods distributed	60,809	
U.S. Government commodities distributed	2,235,307	
Operating expenses	118,124	
Total service and expenses		2,807,299
Excess of receipts over disbursements carried over to 1986		$ 89,230

Greater Milwaukee Chapter

Program Profile

The Greater Milwaukee Chapter played a key role in the development of an interagency task force that coordinates the community's emergency shelter activities. The task force, which is profiled in "Caring for the Hungry and Homeless—Exemplary Programs," published by Emergency Food and Shelter National Board Program in June 1985, has increased the number of emergency shelter beds, developed an integrated information and referral data collection system, created an Emergency Shelter Voucher Fund, devised a Security Deposit Guarantee Fund, developed a media plan to increase community awareness of homelessness, and provided expertise to governmental and private philanthropic organizations regarding homeless problems and programs.

The chapter also provides support to the homeless through involvement in other projects, including the following:

—The chapter assisted a new shelter through a donation of cots and loan of blankets. Disaster Nurses provided health and referral services one evening a week in 1982-83, 1983-84, and 1984-85.

—The chapter has cooperative agreements with shelter system agencies to provide winter shelter during severe weather.

—A staff member chairs a task force on housing for the homeless.

—The chapter served as the fiscal agent for three FEMA Emergency Food and Shelter National Board Programs.

Greater Milwaukee Chapter
2600 West Wisconsin Avenue
Milwaukee, Wisconsin 53233

Phone: (414) 342-8680

Contact Person: Jeff Seider, Director, Health and Emergency Services

Milwaukee and the Homeless

A summary of the Greater Milwaukee Chapter's involvement in programs for the homeless in Milwaukee follows:

—The chapter was the lead agency in forming a Task Force on Emergency Shelter and Relocation. A Red Cross staff was the first chair of the Task Force, and Red Cross staff currently hold a position as one of a four-member steering committee of the Task Force. The Task Force holds its monthly meetings at the chapter. (See Appendix 1.)

—The chapter was a participant in the founding and development of a "Rest Site" shelter for homeless persons in the winter of 1981-82. The Red Cross took the initiative in proposing and using Disaster Nurses to meet the immediate health care and screening needs of the homeless in the Rest Site. The Rest Site was an overnight shelter only, where large rooms were offered to persons to sit in to get them out of the cold weather. Chapter volunteers provided transportation three evenings a week to transport homeless individuals from the Rest Site to overflow sites in churches.

—The Rest Site developed into a 70-bed shelter named Central City Churches' Guest House. In its first year of operation, the Red Cross donated metal-framed cots and loaned 500 blankets to the Guest House. Red Cross Disaster Nurses provided health and referral services one evening a week during the winters of 1982-83, 1983-84, and 1984-85. Milwaukee was successful in obtaining a Health Care for the Homeless Grant, which now provides medical and social services in the shelter. A Red Cross staff continues to serve on the Guest House board.

—Red Cross has cooperative agreements with the shelter system agencies to provide winter shelter based on need and a severe weather criterion. (See appendix 2 and 3.) Shelters were open for two nights each in the winter of 1983-84 and 1984-85.

—Red Cross staff chairs a Task Group on Housing For The Homeless as a subcommittee of the Task Force On Emergency Shelter And Relocation Services. Currently, the Task Group is working with the City of Milwaukee to develop housing units for the homeless.

—Red Cross has been the Local Recipient Organization for the shelter funds distributed to Milwaukee under the three FEMA Emergency Food And Shelter National Board Programs. Red Cross served as the fiscal agent rather than as a direct deliverer of shelter services. Upon receiving documentation, Red Cross distributed FEMA funds to six local shelters and to the Shelter Voucher Fund. This concept centralized record keeping and accountability in one agency, thereby eliminating the need for each agency to provide an audit for the program.

1984-85 Agreement With Milwaukee Shelter System

The Red Cross has agreed to open shelters for those in need, based on a severe weather criterion. The following policies and procedures apply:

- **Policy**—At the request of the Central City Churches' Guest House and/or the Task Force on Emergency Shelter, the Red Cross has agreed to open shelters on an emergency basis when needed. This is in accordance with Red Cross policies providing emergency services in cooperation with other community agencies, when no other resources exist.
- **Criterion**—The Red Cross criterion for opening a shelter will be that need exists, i.e. shelter system breakdown *and* the weather is either below zero or a severe winter snowstorm occurs.
- **Location**—A Central City Church will be used as the primary shelter site. Red Cross Disaster Services will determine additional locations based on need.
- **Access**—Access for those in need to the Red Cross shelter will be through either the Central City Churches' Guest House or the Emergency Shelter Hot Line system.

Indianapolis Area Chapter

Program Profile

The Indianapolis Area Chapter's involvement with the homeless is in the areas of information, referral, and advocacy. Monetary assistance to clients is limited, but is issued for food or single-night lodging. Under FEMA III, the chapter distributed $25,630.91 to clients who were facing eviction or foreclosure because of inability to meet rent or mortgage commitments.

Indianapolis Area Chapter
441 East 10th Street
Indianapolis, Indiana 46202

Phone: (317) 634-1441

Contact Person: Linda Scott, Director, SMF&V

Housing the Homeless in Indianapolis

In 1983, the Community Service Council of Indianapolis conducted a study on the socio-economic-demographic trends in Central Indiana. Some of the information in that study might be helpful in understanding how Indianapolis is coping with the housing problem.

The Indianapolis Area Chapter covers four counties, but for the purposes of this narrative, we will concern ourselves with one county, Marion County. The city of Indianapolis includes all of Marion County and is divided into nine townships, the largest of which is Center Township, located in the inner-city section of Indianapolis. The current population of Marion County is approximately 900,000. The 1980 census shows that 20 percent of the population in Marion County is black, 6,800 persons are of Spanish origin, and 61 percent of the households are traditional husband-and-wife families. The largest concentration of the black population resides in Center Township. The lowest median household income ($4,706) is concentrated in central and northwestern Marion County. The 1980 census indicated that the median household income was $18,500. More children are being raised in single parent households and 50 percent of all families maintained by women with no husband present were below poverty level. According to the census, 57.7 percent of the population was ages 20-64 and 10.4 percent was ages 65 and older.

Indiana does not provide welfare assistance (AFDC-UP) for families in which the male head of the household is unemployed. Thus, the Food Stamp Program has become a poor substitute for welfare for intact families. Fortunately, since the 1980 census, the unemployment rate has dropped.

The Community Council Study revealed that 6.5 percent of the population lives in "crowded" housing, as defined by "more than one person per room." Most of the "crowded" housing is concentrated in Center Township. Locating affordable housing can be a special challenge for individuals or families at lower income levels. "Government Housing" can accommodate only a third of the households at poverty level. There are not enough reasonably priced housing units to meet the needs of low-income households. Public housing is found only in Marion County. Much of the former low-income housing within Center Township has been torn down or renovated into expensively priced condos for the surge of young executive families moving into the inner city.

When one speaks of housing the homeless (at least in Indianapolis), there are three categories of homeless to be considered: the transient, the single parent, and the intact family. They need to be considered separately as each of them have housing problems unique to their category.

Transient housing in Indianapolis is available through several missions, shelters, and other facilities. Male transients can easily be housed for 30 days by going from mission to mission for their allotted time and can then start the whole process over the following month. The female transient is a different story as there is really no legitimate shelter available for her. The Salvation Army has a lodge, originally designated for transient women; however, the lodge is constantly full and rarely is there room for the single transient woman. Consequently, there seem to be few transient females who choose to stop in Indianapolis. Indianapolis agencies and government officials are very much aware of this lack of facilities for female transients, and it has been a point of discussion for many years. To date, no solution has been reached.

The single parent and the intact family have several shelters available to them. Unfortunately, these shelters are constantly filled to capacity. Catholic Social Services, within the last year, opened the Holy Family Shelter. This is available only to families (single-parent or intact) and along with room and board, the family also receives counseling and assistance in long-range planning. Salvation Army opened a second lodge only a few months ago for the homeless woman with children. Several churches are attempting to lodge families and single parents but historically, they are open only a few months, then close as they find that it becomes a problem to finance and staff. There is one shelter available to

abused women, but no exceptions are made to house anyone other than abuse victims. The Family Support Center, which houses only children, is currently having severe funding problems, which leaves its future in question.

The Indianapolis Area Chapter's role in housing has been one of information, referral, and advocacy. We have a limited civilian assistance budget, used for the most part for food when no other resource is available. It is, however, not limited to food and can be and has been used for lodging until the next working day when the client can be referred to another agency. Requests are very infrequent for this service.

The emerging problem in Indianapolis is the loss of housing through eviction, foreclosure, or the inability to pay high utility bills. During the Emergency Food and Shelter Program III, the Indianapolis Area Chapter was one of five agencies asked to administer funds. This was our third experience with this program. Although part of the funds extended to the Marion County area was designated for food, the consensus among the five agencies involved was that food was not the major problem in Indianapolis. The major problem, without doubt, was clients' inability to maintain the housing in which they were currently residing. For example, the Indianapolis Chapter spent $25,630.91 on 116 cases from December 11, 1984 to January 31, 1985. These were all cases in which clients were pending eviction or foreclosure due to inability to pay the rent or mortgage. They had tried to keep up with utility payments thus leaving them with insufficient funds. The Mayor's Office set up a Winter Assistance Fund funded by contributions from the community and foundations in Indianapolis. They concentrated their assistance on utility payments.

The only assistance available for rent payments in Marion County is through the Trustee's Office. It does not make mortgage payments. The assistance is given in the form of a Landlord's Agreement and payment of up to $120 is made monthly, directly to the landlord. There are very few landlords within Marion County who will accept a Landlord's Agreement, mainly because payment is not received for 6 to 8 weeks after the tenant has moved in. Furthermore, few landlords rent for $120 per month.

Although the weather has not yet been cold, we have already started receiving calls from clients requesting assistance with utilities, many of whom have bills close to $1000 or more. The only referral, to date, is Project Safe. However, if the client has not made some effort to pay on the bill during the past months, he is not eligible to apply for Project Safe assistance. City officials are working with the utilities to arrive at a satisfactory agreement for everyone concerned.

In our community, it seems that the Red Cross role in the housing problem should remain one of information, referral, and advocacy. Paying utility bills, rent and mortgage payments, and providing emergency lodging on an ongoing basis do not appear to be services that any agency, including the Red Cross, could maintain. Many agencies are already involved in shelters and some are planning expansions. City officials are concerned and are actively involved in solving the problem.

Los Angeles County Chapter

Program Profile

The Los Angeles County Chapter began its official involvement with assistance to the homeless under FEMA I. The chapter manager has been a member of the local board, and a Red Cross staff member was assigned to a technical committee that developed application procedures, screened applicants, and recommended funding allocations. The chapter also provided clerical help to assist with record-keeping, recruited volunteers to visit participating agencies, and provided Red Cross staff and volunteers to assist with financial reports and audits.

Under FEMA III, a Red Cross casework supervisor provided full-time support to the FEMA Board. She served as a member of the technical committee and supervised the providers of rent and mortgage assistance.

The Los Angeles Chapter has continued to be actively involved with programs for the homeless, including the following:

- Under FEMA III, which emphasized increasing shelter capacity through rehabilitation and expansion of the shelters, a chapter worker recruited a volunteer shelter rehabilitation committee that allocated more than $350,000 to agencies, which provided for 201 new shelter beds.
- Under FEMA IV, the chapter has received $140,000 for a rent and mortgage assistance program. Caseworkers also provide counseling in budgeting and financial planning.
- Red Cross Nursing Services assists with health education for shelter staff under the auspices of a grant provided by the Robert Wood Johnson Foundation.
- A Red Cross caseworker has been assigned to a Skid Row Project. The goal of this project is to provide free housing to individuals for a long-enough period of time to enable them to regularize their lives, thus qualifying them for various benefit programs. The caseworker is responsible for counseling clients to develop plans, for developing relationships with referral agencies, and for assisting with applications and budget management.
- The chapter provides specific services for the emergency homeless in connection with a program funded by the County of Los Angeles. The chapter has assumed the responsibility for recruiting vendors, for maintaining relationships with them, and for serving as the fiscal agent for the program.
- Chapter staff participate in conferences for the homeless, in meetings of the Los Angeles Coalition on the Homeless, and in a Shelter Partnership that matches funding sources with agencies to increase shelter space and to develop long-term solutions to the problem of homelessness.

Los Angeles County Chapter
2700 Wilshire Boulevard
PO Box 57930
Los Angeles, California 90057

Phone: (213) 739-5200

Contact Person: Georgeann Bassman, Director, SMF&V

Los Angeles Chapter Involvement With the Homeless

From the time of FEMA I, originally titled the Emergency Food and Shelter Program, the Los Angeles Chapter has been an active participant in the administration of that program. The chapter manager has been a member of the local board, along with representatives of the major agencies designated by Congress. The Chairman of that board is the executive director of the Los Angeles area United Way. In addition, a staff member was assigned the additional duty of working with a technical committee formed to plan application procedures, screen applicants, and recommend funding allocations to the governing board. In addition, clerical help was released to assist with the record-keeping procedures. Volunteers were recruited to visit the agencies funded, and volunteers and staff assisted with the financial reports and audits. Later, only paid staff were involved with the food and shelter program, as it developed into FEMA II and III. As FEMA III began, a staff member, a casework supervisor in SMF&V, was released from her duties to work full-time as staff support to FEMA III. She was housed in United Way with duties consisting of providing staff support to the local FEMA board and of being a member of the technical committee that was responsible for recommending the agencies to receive funding as well as the amount of the allocation. In addition, she supervised the providers of rent and mortgage assistance.

Since the FEMA III program emphasized rehabilitation and expansion of shelters in order to increase bed capacity, the chapter worker recruited a volunteer shelter rehabilitation committee that allocated over $350,000 to 25 agencies providing 201 new shelter beds for Los Angeles.

In addition to the FEMA funds for the private agencies, the state of California provided $1.6 million to 24 projects increasing the bed capacity for the homeless by 2,000 within the next year. Recommendations for the allocation of these funds were by the same support staff and volunteers.

The Robert Wood Johnson Foundation has granted money for health services to the homeless in shelters and clinics in three different locations in Los Angeles. Nursing Services are being asked to assist with health education for the staff of those shelters.

Presently, we have assigned a senior caseworker to a Skid Row Project with the goal of providing free housing to a group of homeless individuals, both men and women, for a long-enough period of time to allow them to regularize their lives by being accepted for General Relief, SSI, Social Security, VA Benefits, a job, or a board-and-care facility. The program has 130 beds with the prospect of increasing by 50 more beds. It is funded by Community Redevelopment Agency funds in an already existing multistory shelter. Our caseworker is responsible for counseling the clients to develop a plan for their future, for developing working relationships with referral agencies, for assisting with applications, and for money management. This is an experimental program that will be evaluated by all participants in 90 days.

The chapter has contracted with the County of Los Angeles to provide certain services connected with a county-funded after-hours program for the emergency homeless. It is called the Sundown Program and operates only after normal hours. The Red Cross is assuming the responsibility for recruiting vendors willing to provide food and shelter to those authorized individuals, for maintaining vendor relationships, and for being fiscal agent for the county in order to pay bills promptly—a vital element in vendor relationships.

Chapter staff participated in countywide conferences for the homeless, which have been held for the last 2 years; in monthly meetings of the Los Angeles Coalition on the Homeless; and in a recently-formed Shelter Partnership, which has the goal of matching agencies with funding sources to increase shelters and to provide long-term solutions to the problem of homelessness.

There are ongoing committees and groups dedicated to exploring ways of reducing the problems of homelessness—both within the chapter and the community—and we shall all continue to support and cooperate toward that goal.

Pikes Peak Chapter

Program Profile

In keeping with the recommendations of the Housing Task Force on May 14, 1984, at the request of the City of Colorado Springs, the County of El Paso, and the Pikes Peak United Way, the local chapter of the American Red Cross opened an Emergency Temporary Shelter in the old Boys' Club at 605 S. Tejon.

At the end of January 1985, the Shelter moved to its present, permanent location at 709 S. Sierra Madre. This is a warehouse divided into two separate facilities. The shelter used only one-half until now.

Particularly during the winter and spring months, in addition to the usual single males, single females, families, and women with children, an additional group given the name "overnighters" sought shelter. These are street people, bridge people, and indigents who live outside during warmer weather. It was the observation of the caseworkers at the shelter that at least 80 percent of the overnighters fall into the classification of "chronically mentally ill." Since institutions for the chronically mentally ill do not exist, they may remain in the shelter if their behavior is not too bizarre.

However, the housing of the two groups under one roof created enormous problems for staff and residents alike, not only because of the increased numbers but because of behavioral differences as well. The logical answer is to separate the two groups.

The ideal way for this separation is to use the other half of the warehouse. There is a large doorway connecting the two parts that was closed by the Red Cross when the move was made in January. This can be reopened. The financial savings in staff, security guards, and so on, by having this duo building are obvious.

One of the recommendations of the Housing Task Force was a Phase III for single males. The concept outlined above would actually put Phase III into position.

Pikes Peak Chapter
1600 North Cascade Avenue
Colorado Springs, Colorado 80907

Contact Person: Leslie Cook, Chief Executive Officer

Pikes Peak Chapter Emergency Shelter Operational Manual

I. Shelter Principles and Philosophies
   A. Purpose and Principles—June 1985
   B. Individuality of the Client—June 1985
   C. Notes and References

II. Rules and Regulations
   A. Rules for Residents—June 1985
   B. Kitchen Operation—June 1985
   C. General Operating Procedures—June 1985

III. Personnel Matters
   A. General Principles—June 1985
   B. Staff Meetings—June 1985
   C. Problems or Concerns—June 1985
   D. Notes and References

Red Cross Shelter Program

AIM:
To provide people in need of emergency shelter with a warm, dry place to spend the evening hours.

GOAL:
To provide the community with a safe, clean, efficient, and effective emergency shelter program.

OBJECTIVES:
A. Ensure that the required health and safety rules and regulations are developed and once developed, that they are adhered to.
B. Develop, using counseling techniques, operating methods and procedures that maximize the use of existing community and individual resources to meet shelter residents' temporary and/or long-term housing needs.
C. Develop and maintain an atmosphere in and around the shelter that promotes a sense of stability and of caring.
D. Develop, maintain, and implement operating policies and procedures that maintain the integrity of the program and that ensure the running of an efficient and effective shelter.

I. Shelter Principles and Philosophies

A. The Pikes Peak Chapter opened an Emergency Congregate lodging facility in May 1984, to meet the needs of those in need of short-term emergency housing. The chapter is committed to providing service to this clientele in two forms: 1) Shelter, showers, and snack foods, and 2) individual counseling concerning the acquisition of a housing resource. The health and safety of the clientele are of prime concern to the Red Cross, hence cleanliness and safety in and around the shelter must be maintained. It is incumbent upon paid staff, volunteers, and indeed the residents themselves to develop and maintain a friendly, tolerant attitude towards everyone coming to the shelter. This feeling of cooperation must extend beyond the limits of the shelter to include the entire neighborhood. Consideration for the rights and privileges of others must always be present in our words and actions.

B. It is a principle of the Red Cross social service to respect the individuality and integrity of the client at all times. The Red Cross chapter takes the position that anyone requesting service from the Red Cross is capable and worthy of receiving help. While it is not possible for the Red Cross to meet the needs of everyone coming to us for help, in the majority of cases, we should be able to make a referral for those we cannot help with direct assistance. Staff must be especially sensitive to the ego defamation, loss of self esteem, and loss of independence that our clients are experiencing as a result of their loss of self-sufficiency. A helpful, patient, and open attitude on the part of our staff will go a long way towards maintaining a healthy atmosphere in the shelter. While rules and regulations are necessary and even desirable, it has long been a principle of Red Cross social work that they be used only to ensure equity in the delivery of service and not as an excuse to ignore the individual needs of the client. All Red Cross social service policies and procedures are designed to provide an authorization for rendering service and not to be a rationalization for denying service.

Pikes Peak Chapter Shelter Programs

No. 1 Emergency Shelter Operating Principles
No. 2 Overnight Shelter Operating Principles

Pikes Peak Chapter Emergency Shelter

PURPOSE:
The purpose of the Emergency Shelter is to provide short-term emergency housing for men, women, and children in both single and family units. To help residents of the shelter move from the congregate living style of the shelter to a more satisfactory individual living mode, counselors are available to help them identify and use the resources they need to move out of the shelter.

PRINCIPLES OF OPERATIONS

1. All persons coming to the shelter will be required to begin working with a resource advisor within four days of their arrival to find a resource that will allow them to leave the shelter and move on to a more satisfactory living arrangement.
2. Those residents who are working in good faith with a resource advisor may be authorized by the resource advisor to stay in the shelter until alternate arrangements can be made.
3. No one who appears to be or is suspected of being under the influence of nonprescribed drugs or alcohol will be allowed in the shelter.
4. Anyone found consuming nonprescribed drugs or alcohol on the premises, fighting in the shelter, or failing to follow any direction given by the shelter staff or the security guard, will be required to leave the shelter immediately.
5. Anyone identified by the shelter supervisors as presenting a safety hazard to the residents of the shelter will be permanently barred from the shelter.
6. Any registered resident who is not in the shelter at closing and who has not made arrangements with the shelter staff to be out late, will be assumed to have located an adequate resource and to have no further need of the emergency shelter.
7. All those coming to the shelter will be accepted on a stated-need basis, except that those who have been in the shelter before will be required to explain to a resource advisor why they are again in need of emergency housing.
8. It is expected that those coming to the emergency shelter will use the community's soup kitchens to meet the major portion of their food needs. However, sandwich and snack-food items will be provided in the evening to supplement the soup kitchen. Because of children's need for smaller, more frequent meals, a small breakfast will also be made available in the morning.
9. Persons coming to the shelter after closing hours will be admitted on a police or sheriff department referral only.

Pikes Peak Chapter Overnight Shelter

PURPOSE:
The purpose of this shelter is to provide for individuals who are without adequate shelter, but who are not interested in changing life-style or attempting to acquire the resources enabling them to obtain individual housing, with a warm safe place to sleep.

PRINCIPLES OF OPERATION:

1. All persons coming to the shelter will be admitted, with the exception of those falling into one of the barred categories listed below. Women, adults with children, and family units will be placed in the emergency shelter until and unless removed by a resource advisor in accordance with emergency shelter policies.
2. As the shelter is designed to provide a sleeping space only, the shelter will open at 7:00 p.m. and will close at 7:30 a.m. The shelter doors will be closed in the evening in accordance with the hours established for the emergency shelter and admittance after closing hours will be with a police or sheriff department referral only.
3. The shelter supervisor may make changes in the opening and closing hours to allow for inclement weather or other special considerations.
4. No one who appears to be or is suspected of being under the influence of nonprescribed drugs or alcohol will be allowed in the shelter.
5. Any one identified by the shelter supervisors as presenting a safety hazard to the residents of the shelter will be permanently barred from the shelter.
6. Anyone found consuming nonprescribed drugs or alcohol on the premises, fighting in the shelter, or failing to follow any direction given by the shelter staff or the security guard, will be required to leave the shelter immediately.
7. Overnight shelter residents will have access to the sleeping and restroom areas of the shelter only, unless expressly authorized to enter another part of the shelter by the shelter staff.
8. Residents of the overnight shelter may request admittance to the emergency shelter program by talking with a resource advisor. The resource advisor may admit the resident to the emergency shelter program if his or her needs fit the program's requirements.
9. As overnight residents have not lost normal meal sources, no food items will routinely be made available to overnight residents. However, on a humanitarian basis supplemental snack foods may be made available to overnight residents.

Pikes Peak Chapter Eviction-Review Process

I. Permanent Bar—When a resident of the emergency shelter is required to leave the shelter permanently by a shelter supervisor or a resource advisor, the resident will be advised in writing of the reason he or she is being barred from the shelter and will be given an opportunity to request a review of the case.

II. Review Process—Any shelter resident who is barred from the shelter may request a review of his or her case by contacting the chief shelter supervisor during normal working hours and requesting that the case be reviewed. A review committee composed of the chief shelter supervisor, the staff member who took the original action against the resident, and either a resource advisor or a shelter supervisor will be convened as soon as possible. The resident will then meet with the panel to explain his or her position. After the resident's presentation, the panel will discuss the case and make a decision. The chief shelter supervisor will advise the resident of the panel's decision. If the resident still feels the decision is not fair, he or she may ask the shelter supervisor to submit the matter to chapter management. If this is done, the chief shelter supervisor will submit a written report of the panel's conclusions along with the case file, incident log, and any other pertinent information to chapter management. Management will then review the case and make a final decision. This decision will be shared with the resident by the chief shelter supervisor.

III. Original Action—If the original action to evict the resident was taken in the interest of maintaining health and safety in the shelter, the eviction will stand until and unless reversed through the review process. If the eviction results from an action by a resident that does not involve the health and safety of other shelter residents, the eviction action will be suspended until the review process has been completed. The review process will be completed as soon as possible after the resident requests a review.

IV. Staff Prerogative—This review process in no way changes or alters the staff's right to discuss contemplated action against a resident with other

shelter staff or management prior to their initiating action against a resident.

V. Changes—Chapter management may alter or change this process or procedure at any time.

May 22, 1985

Red Cross
Shelter Programs
Action to Bar or Change
Shelter Program Status

Date_____

This note is to advise _____ that as of _____

he or she will no longer be allowed to stay in _____

I _____ Shelter Supervisor/Resource Advisor have determined

that this action is required due to _____ having:

1. _____
2. _____
3. _____

This activity is detrimental to the shelter program because:

1. _____
2. _____
3. _____

COMMENTS:_____

_____

_____

_____

_____

I understand that should I desire to have this matter reviewed, I must contact the Chief Shelter Supervisor during normal working hours and request that my case be reviewed as soon as possible.

_____

Resident
(Signature does not indicate agreement)

II. Rules and Regulations

A. *Rules for Residents*

1. Smoking will be permitted in the smoking room only. There will be no smoking in the sleeping area, restroom, hallways, kitchen, or nonsmoking TV room.
2. No pets will be allowed in the shelter, nor may they be left outside the shelter. Pets may be boarded at the Humane Society. Ask the staff for details.
3. All residents must register when first entering the shelter. Any resident who has a car parked on the street must report the license number of the vehicle when he or she registers.
4. Only registered residents are authorized to use any facility in the shelter, except that the shelter supervisor will authorize anyone to use the restroom, whether or not he or she is a resident or guest of the shelter.
5. Guests or visitors may enter the shelter only with the approval of the shelter supervisor. Guests are not allowed on a routine basis.
6. No one who is under or appears to be under the influence of alcohol or nonprescription drugs will be admitted to the shelter or if admitted, they will be required to leave the shelter immediately.
7. All residents must be working with a resource advisor within four working days of their arrival or as directed at registration, whichever is sooner. Failure to begin working with a resource advisor within the time allotted, will result in the resident being required to leave the shelter.
8. Residents who are not working in good faith or who are not making satisfactory progress with a resource advisor will be required to leave the shelter.
9. Anyone causing a disturbance or failing to follow the instructions of the shelter staff will be required to leave the shelter immediately.
10. All residents are required to keep their area in the shelter clean and to help maintain a clean safe shelter. Residents must also help keep the grounds and neighborhood around the shelter clean.
11. Anyone found intentionally abusing shelter property may be required to immediately leave the shelter.
12. The safe-keeping of personal property is the responsibility of the resident and shelter staff will have no responsibility for safeguarding personal property.
13. Parents will be responsible for supervising their children. Parents will be held accountable for their children's actions, and they may be required to leave the shelter if they do not provide adequate parental control.
14. All towels, bedding, and other nonconsumable items must be returned before leaving the shelter.
15. No alcoholic or nonprescription drugs may be consumed in or near the shelter. Anyone violating this rule will be required to leave the shelter immediately.
16. No cot may be moved from one location to another without the prior approval of the shelter supervisor.
17. Residents must dress in a manner suitable for public places in all areas of the shelter, except the restroom-shower area. Shirt and shoes must be worn in the television rooms, the kitchen, and resource advisor's office at all times.
18. The shelter doors will be closed at 10:00 p.m. New arrivals coming to the shelter after closing will be admitted only with a police referral. Other residents will be admitted after closing only if prior arrangements have been made with the staff.
19. Anyone who is registered in the shelter but who does not sleep in his or her cot, will be permitted back into the shelter only with the approval of a resource advisor. The resource advisor will authorize readmittance only in those cases warranting an exception to policy.
20. Cars may be parked on the west side of Sierra Madre but not in front of the businesses on the east side of Sierra Madre, in Brookhart's lot, or in front of any driveway or alleyway. Cars may also be parked in the street along Moreno.
21. Any resident found to be endangering the health, safety, or morals of anyone in the shelter will be required to leave immediately.
22. Neither food nor beverages may be consumed in the sleeping area. No open food or beverage containers are permitted in the sleeping area.
23. Arrangements for special diets or for the provision of food at other than the normal meal hours must be made in advance with the resource advisors.

24. Residents must respect the property rights of the shelter's neighbors. Damaging or littering the property of others will not only result in expulsion from the shelter, but may also result in charges being filed with the police against offenders by the property owners.
25. Residents are not allowed in the kitchen unless expressly authorized to enter by one of the shelter staff.

If you have any questions about these rules, please ask the shelter staff for clarification.

B. *Kitchen Rules and Regulations*

1. The Chief Shelter Supervisor, or the person appointed to act for the Chief Supervisor, will assess the shelter's supply needs on a daily basis.
2. Needed foodstuffs will be obtained from Care and Share inasmuch as this is possible.
3. Both food and/or nonfood items that can not be obtained from Care and Share will be ordered from the administrative service coordinator in the Emergency Family Service department of the chapter.
4. Items will be ordered on a scheduled basis as much as possible; however, items may be requested as the need arises.
5. Flavored beverages, soda, and/or graham crackers will be made available during the day to the shelter residents.
6. Food items will be made available to the shelter residents twice a day, with the soup kitchen being used as the main meal source during the day.
7. Prepared food will be brought in by the shelter staff on Sunday for one meal. This food will be obtained from a licensed commercial vendor.
8. Groups or individuals may not bring foodstuffs into the building for feeding of the shelter residents by the Red Cross, exceptions to this policy may be made by management only.
9. Neither groups nor individuals may dispense food items on a mass feeding basis to shelter residents outside the shelter.
10. Shelter residents may give food items to other residents on an individual person-to-person basis, but food brought in by residents may not be distributed by the Red Cross.
11. Food and beverages may not be consumed in the sleeping area.
12. Residents needing special diets, special eating hours, or requiring access to the kitchen must make these arrangements in advance with the resource advisors.
13. Residents are not authorized to use the stove or refrigerator unless given special permission to do so by a staff member. Staff will authorize the storing of personal food or other items in the refrigerator on an individual casework basis.
14. Staff members are not authorized to eat food items intended for the residents. Staff may consume beverages provided for shelter residents.

C. *General Operating Procedures*

1. Smoking will be permitted in the smoking room only. The shelter supervisor or the person acting as the shelter supervisor is allowed to smoke in the supervisor's office. There should never be more than one person at a time smoking in the supervisor's office.
2. The kitchen will be cleaned after each meal. The food and utensils will be neatly stored following each meal. The lids will be on the garbage cans and the floor and countertops will be clean.
3. Trash cans, both inside and outside the shelter, will be emptied regularly.
4. All areas of the shelter will be kept in as clean and as orderly a condition as possible.
5. All items to be stored will be placed on shelves or in cabinets. They will *not* be put on the floor.
6. All nonexpendable property, such as vacuum cleaners, and so on, will be secured when not in use.
7. Broken or torn cots will be either thrown away or transported to the chapter as soon as possible. Under *no* circumstances will they be stored in the shelter.
8. All storage closets, shelves, and cabinets will be maintained in a neat orderly fashion.
9. The restrooms will be checked periodically to ensure that they are clean and undamaged.
10. Volunteers from among the shelter residents will be recruited to help in cleaning the shelter and the area around the shelter. They may also be used in the kitchen. All volun-

teers selected from among the residents will work only under appropriate staff supervision.

11. The areas outside the building, including the area behind, in front of, and across the street from the shelter will be checked regularly for cleanliness.
12. The area along Sierra Madre between Las Animas and Rio Grande, as well as the area around Mr. Woltman's warehouse on Rio Grande, will be cleaned by 8:00 a.m. each day. This area will also be checked periodically for cleanliness.
13. It is the responsibility of the shelter staff to obtain sufficient volunteer support from the shelter residents to ensure that cleanliness is maintained both inside and outside the shelter. However, if this can not be done upon management's approval, an hourly wage may be paid for custodial assistance.
14. The shelter may never be left unsupervised. A paid staff person, a security guard, or a Red Cross volunteer must be on duty in the shelter at *ALL TIMES*.
15. The Red Cross vehicle will be used on an individual need basis to transport shelter residents to the health clinic, the hospital, Pikes Peak Mental Health, or for other required health purposes.
16. The Red Cross vehicle will routinely be used to transport families with young children or single men or women who are ill or infirm to and from the soup kitchen.
17. Transportation via the Red Cross vehicle may be provided for children to get to school or for other compelling individual needs.
18. Red Cross staff, paid or volunteer, may use the vehicle for administrative or casework activities, as long as they have a current valid driver's license.
19. After closing hours, clients will routinely be admitted on a law enforcement referral only; however, shelter supervisors may admit clients on an individual exception-to-policy basis for good cause.
20. If a client is admitted with either a referral or as an exception, the action will be written up on an incident report.
21. An unusual-incident report will be written up on any activity that involves:
    —Verbal or physical abuse of staff or residents, including parents with children, or husbands and wives.
    —The calling of police, ambulance, fire, social service, security service, or any other outside person or organization.
    —The involvement of or complaint from a citizen who is not a resident of the shelter.
    —The destruction of property inside or outside the shelter.
    —The unsafe or unhealthy behavior of anyone in the shelter.
    —Any incident involving security personnel.
    —Contacts from government, nonprofit organizations, businesses concerning the shelter or its residents.
22. All contacts from the media are to be referred to the Chief Executive Officer. Staff are not to make statements to the press concerning the shelter unless directed to do so by chapter management.
23. A general awareness of activity in the shelter must be maintained at all times. Doors to offices should remain open, except when closed to provide privacy as required for casework or administrative activities.
24. A narrative log will be maintained by the shelter supervisors. This log will note comings and goings and other items of interest.
25. Shelter supervisors will make a tour of the facility periodically to ensure that the building and grounds are secure.
26. The nonsmoking room will be made available to small children between meals for television watching, drawing, or other appropriate activities.
27. Responsible adult shelter residents or Red Cross volunteers if available will be selected to supervise the activity of the children while they are in the nonsmoking television room.
28. Cigarette butt cans should be placed on the ground outside the shelter and residents will be urged to use them.
29. Paid staff members must strive to interface effectively with volunteer and other paid staff members. Paid staff are expected to be supportive of volunteer workers and to provide guidance and assistance when needed.
30. Every effort should be made to have a staff, paid or volunteer, member in the supervisor's office at all times. When this is not possible, a shelter resident may be asked to answer the telephone and take messages.

31. The television rooms will be closed for the night at 10:30 p.m. 7 days a week.
32. There will be a count of the shelter residents at 10:30 p.m. As a rule, the restrooms will be left unlocked during the count, however they may be locked if this is required to ensure an accurate count.

III. Personnel Matters

A. General—The Red Cross has three types of employees: 1) Full-time employees, 2) Part-time employees, and 3) Contract employees.
In addition to having employees for the Red Cross, the chapter contracts with business for some staff services, e.g., security service, telephone answering service, bookkeeping service.
- The shelter staff all fall into one of these types of employees and are entitled to all the benefits and obligated to meet all the requirements of any other employee of the same type.
- The personnel policies approved by the chapter board are applicable to both shelter and main office employees as are all policies, directives, regulations, and instructions issued by chapter management.

B. Staff meetings—meetings for the shelter staff will be held on a scheduled basis, with additional meetings being called when needed.
- Meetings for all chapter staff will be scheduled as needed; shelter staff will be expected to attend these meetings.
- All staff members are expected to attend the chapter's annual meeting, normally held in May of each year.
- All staff members are encouraged to attend the staff Christmas party in December.
- Chapter management has an open-door policy and any staff member may meet with the CEO and/or the person handling personnel at any time. All staff members should advise their immediate supervisor whenever they have scheduled an appointment with management.

C. Problems or Concerns—supervisors as well as chapter management may always be contacted in regard to problems or suggestions.
- Concerns about operational situations should be brought to the attention of the supervisor as soon as possible. Should the supervisor's response be inadequate, the supervisor should be asked to refer the matter to management for review.
- Personal matters may be discussed directly with chapter management. Supervisors should be advised in advance of a meeting with management.
- Leave requests will be submitted to an immediate supervisor for operational approval and then to management for administrative approval.
- While the individual scheduling needs of our employees are always of concern, the nature of our work does require a flexible work schedule and a workday other than 8:00 to 5:00 is required.

Pikes Peak Chapter
Colorado Springs, Colorado

Transitions House Program—Policies and Conditions of Participation

Eligibility for Admission:

In order for applicants to be considered eligible for admission to the Transitions Program, they must meet the following conditions:

A. Be the head of a family unit consisting of either one or two adults and one or more minor children:
- An 18- or 19-year-old who is attending high school full-time will be considered a minor.
- A person of any age who is sufficiently mentally handicapped to require the full-time care of a parent will be considered a minor.

B. The applicant must be considered lower incomed according to HUD rules and regulations. (An annual income of less than 50 percent of the median to the area.)

C. The applicant must demonstrate a willingness to work with a case worker and show promise of becoming self-sufficient in regard to housing needs within 6 months to a year.

D. The applicant shall meet minimum standards of conduct as established through reference checks of established records regarding any or all of the following:
- Negligent nonpayment of rightful obligations.
- Endangering the health, safety, or morals of neighbors.
- Destruction of property.
- Disregard of rules of occupancy and rights of others.

Participant Selection:

Applications for the program will be accepted by the Resource Advisors from the heads of households who

are residents of the Red Cross Emergency Shelter.

The applications of those applicants who the Resource Advisors determine are eligible for the program will be forwarded to the Advisory Panel, which will be composed of four persons selected by chapter management. The panel will select those who they feel would most likely meet the program's goal of self-sufficiency in regard to housing in a 6 month to a year period and will make a recommendation to chapter management concerning the placement of those who are selected into the Transitions Program.

Chapter management will then make a placement determination and advise all those considered of the final decision. Chapter management may accept applications for referral to the Advisory Panel from the heads of households who are not in the Emergency Shelter in cases of unusual hardship. These applications, when accepted, will be processed in accordance with the above procedure.

Applications will be processed and applicants placed on a first-come, first-served basis without regard to race, religion, sex, age, or national origin.

Apartment Rent:

The monthly rent, including utilities other than telephone, will be 1/12th of 30 percent of the family's gross annual income less:

- $480.00 for each dependent (minor children only).
- Medical expenses in excess of 3 percent of the family's annual income.
- Child care expenses incident to the head of the household looking for/or working.

Annual income is the anticipated total income from all sources received by the family head and spouse and by each additional member of the family. Income includes but is not limited to:

- The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips, and bonuses and other compensation for personal service.
- The net income from operation of a business or profession (for this purpose expenditures for business expansion or amortization of capital indebtedness and an allowance for depreciation of capital assets shall not be deducted to determine the net income from a business).
- Interest, dividends, and other net income of any kind from real or personal property.
- The full amount of payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar periodic receipts.
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay.
- Welfare assistance of any kind, but not including food stamps.

Commitment to Case Process:

Each program applicant who is accepted into the Transitions Program must work with a caseworker to reach a mutually agreed upon goal that will allow the client to become self-sufficient in regard to housing in a 6 month to a year timeframe. If the caseworker determines that a client is not making adequate progress or is not acting in good faith, the caseworker may remove the client from the program and require him to vacate the premises he is occupying. Should the client disagree with this decision, he may request a hearing before the advisory panel. The panel will then decide whether or not the client should remain in the program. Should the client disagree with the decision of the panel, he can request the matter be reviewed by chapter management. Management will review the case from the record only, e.g. the case file, application, summary of the panel's conclusions, and client's statement as to why the panel's decision is incorrect. Management will then notify the client of the final decision.

Termination of Housing:

- Anyone failing to work with his assigned caseworker or failing to make satisfactory progress, as determined by the caseworker, towards the agreed-upon goal may be required to leave the Transitions Program and vacate the premises.
- Anyone who violates any of the provisions of the lease agreement may be required to leave the Transitions House.
- Anyone who knowingly submits false or misleading information to the Red Cross may be required to leave the program.
- Anyone failing to contact their caseworker or the Red Cross management when asked to do so, may be required to leave the Transitions Program.